

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Edith Boward* Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown Washington*

Date of death 190*9* Month *1* Day *9* Age *46* Years Months *7* Days *19*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Married* Name of Wife or Husband *Wm H Boward*

Father's Name *Geo Garlock* Father's Birthplace *Canada*

Mother's Maiden Name *Louisia M'Way* Mother's Birthplace *Ta*

Name of person giving Information *Wm Boward* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Myocardial Insufficiency* How long *79* *3 years*

Immediate *Exhaustion* How long *3 years*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A.P. Truffer* Address *Hagerstown, Md*

Accident or Suicide *No*

L. M. Watkins

11



Name  
in  
Full

Unknown

Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Wagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909</u>	<u>Jan</u> <sup>Month</sup>	<u>5</u> <sup>Day</sup>	<u>6</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>Colored</u>		Birth-place <u>Hagerstown Md</u>		
Occupation <u>      </u>			Where Residing if not et place of death <u>      </u>		
Married, Single or Widowed <u>      </u>			Name of Wife or Husband <u>      </u>		
Father's Name <u>William Brown</u>			Fether's Birthplace <u>Petersburg Va</u>		
Mother's Maiden Name <u>Julia Hopwell</u>			Mother's Birthplace <u>Shepherdston Va</u>		
Name of person giving In formation <u>William Brown</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primery <u>Stiv born</u>	How long <u>Jan. 8th '09.</u>
Immediate <u>Stiv born</u>	How long <u>" " "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. B. Hiloon</u>
	Address <u>59 1/2 N. Jonathan St.</u>
Accident or Suicide? <u>no.</u>	<u>Hagerstown Md.</u>

At C. J. Green  
Hawley

Name  
in  
Full

Frederick Henry Burall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Clear Spring Dist.		Towh		County		Maryland	
Date of death		1909		Month		Day		Age	
		Jan		19		One		Years	
Sex		Male		Color or Race		White		Birth-place	
								Pa	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Jacob B. Burall				Father's Birthplace	
								Pa	
Mother's Maiden Name				Elsie M. Hornbaker				Mother's Birthplace	
								Pa	
Name of person giving information				Jacob B. Burall				How related to deceased	
								Father	

## CAUSES OF DEATH

90

PHYSICIAN  
OR CORONER

Primary	Capillary Bronchitis	How long	5 days.
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. P. Perry	
Address		Clear Spring Md	
Accident or Suicide?			

Aug 17 last

Name  
in  
Full

CERTIFICATE OF DEATH

Wm Chrissings of George  
Town County

Died at Hagerstown Washington MARYLAND

Date of death 1909 Month 1 Day 28 Age 77 Years Months 4 Days 23

Sex Male Color or Race White Birth-place Md

Occupation Carriage Builder Where Residing if not at place of death

Married, Single or Widowed Widower Name of Wife or Husband Sarah Shirley

Father's Name George Chrissings Father's Birthplace Md

Mother's Maiden Name Betty Mother's Birthplace

Name of person giving Information Wm Chrissings of C How related to deceased Nephew

CAUSES OF DEATH

79

Primary Chronic Myocarditis How long 1 year

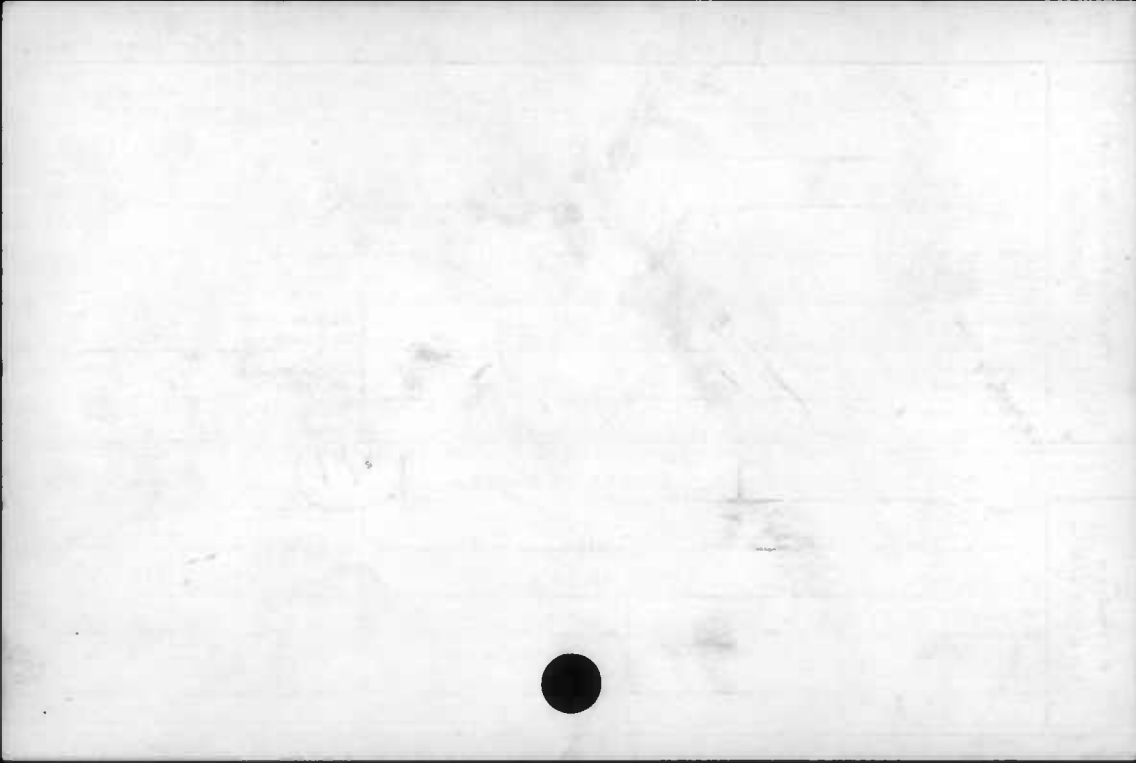
Immediate Acute Dilatation of Heart How long 5 minutes

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Wm Dugan

Address Hagerstown Md  
Accident or Suicide No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Annie Cooper ✓

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Hagerstown* <sup>County</sup> *Washington* **MARYLAND**

Date of death 19 *09* Month *1* Day *10* Age *—* Years *—* Months *10* Days *24*

Sex *Female* Color or Race *White* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *Leahy Cooper*Father's Birthplace *Na*Mother's Maiden Name *Carrie B Ashby*Mother's Birthplace *Na*Name of person giving information *Leahy Cooper*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Bronch Pneumonia*How long *5 days*Immediate *Respiratory Failure*How long *—*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*Francisley*

Address

*Hagerstown,**md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER

To Kushi  
AA Oppenheimer

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Margaret Ann Cramer*

Town *Williamsport* County *Washington* MARYLAND

Died at *Williamsport*

Date of death 190 *9* Month *Jan* Day *23* Age *78* Years Months *7* Days *13*

Sex *Female* Color or Race *White* Birth-place *Sharpsburg -*

Occupation *Housekeeper* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Paul Cramer Decd*

Father's Name *Joseph Bowers* Father's Birthplace *Sharpsburg*

Mother's Name *Batharine Snies* Mother's Birthplace *Sharpsburg, Md.*

Name of person giving Information *Henry M. Cramer* How related to deceased *Son*

P

## CAUSES OF DEATH

154

How long

Primary

*Old age*

How long

Immediate

*Heart failure*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*Dr. J. T. Lesher*

Address

*Williamsport Md*

Accident or Suicide

PHYSICIAN  
OR CORONER

July 28<sup>th</sup> 1909

J. F. Kufs

Madetaker

Wm. J. Ma

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

John S. Davis

Town

Baltimore

County

Washington

MARYLAND

Date

of death

1909

Month

1

Day

25

Age

Years

78

Months

11

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Day Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widower

Name of Wife or  
Husband

Margaret Wintermyer

Father's  
Name

Isaac Davis

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Sarah Bowers

Mother's  
Birthplace

Virginia

Name of person giving  
Information

Mrs. Susan Miller

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Hemorrhage (Cerebral)

How long

Immediate

Exhaustion

How long

Few minutes

Are the name, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

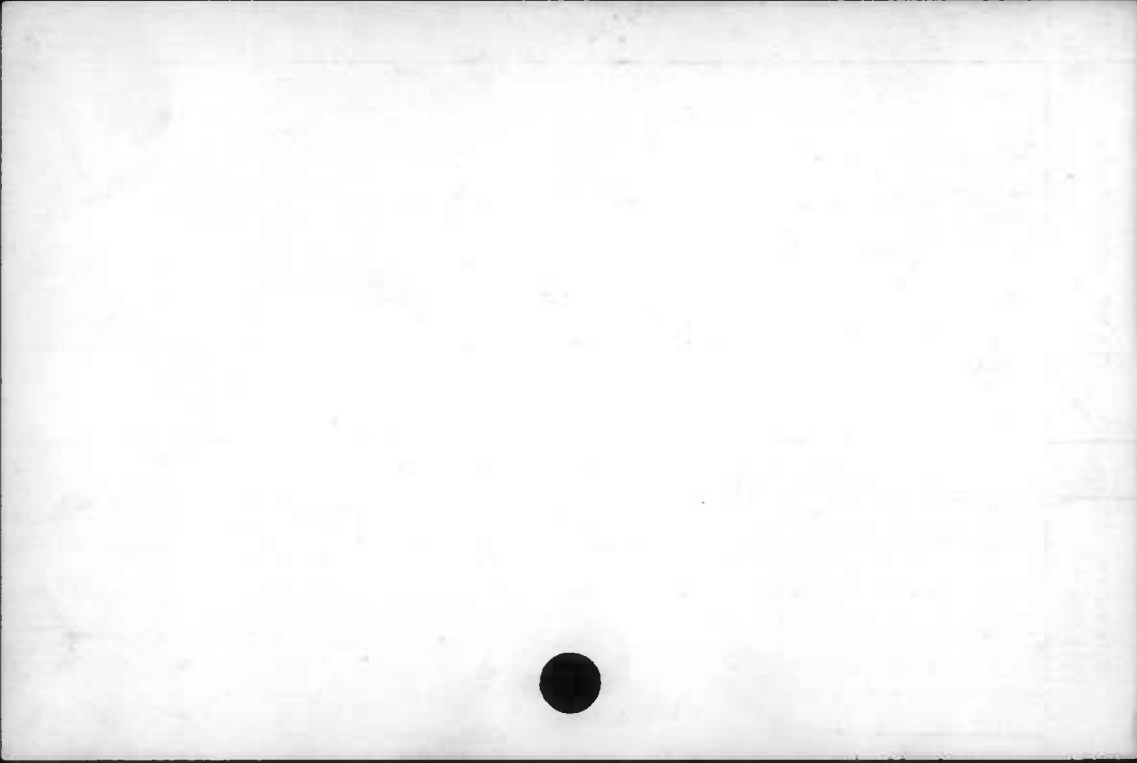
J. M. Wick

Address

Hagerstown - Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Amelia Detrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

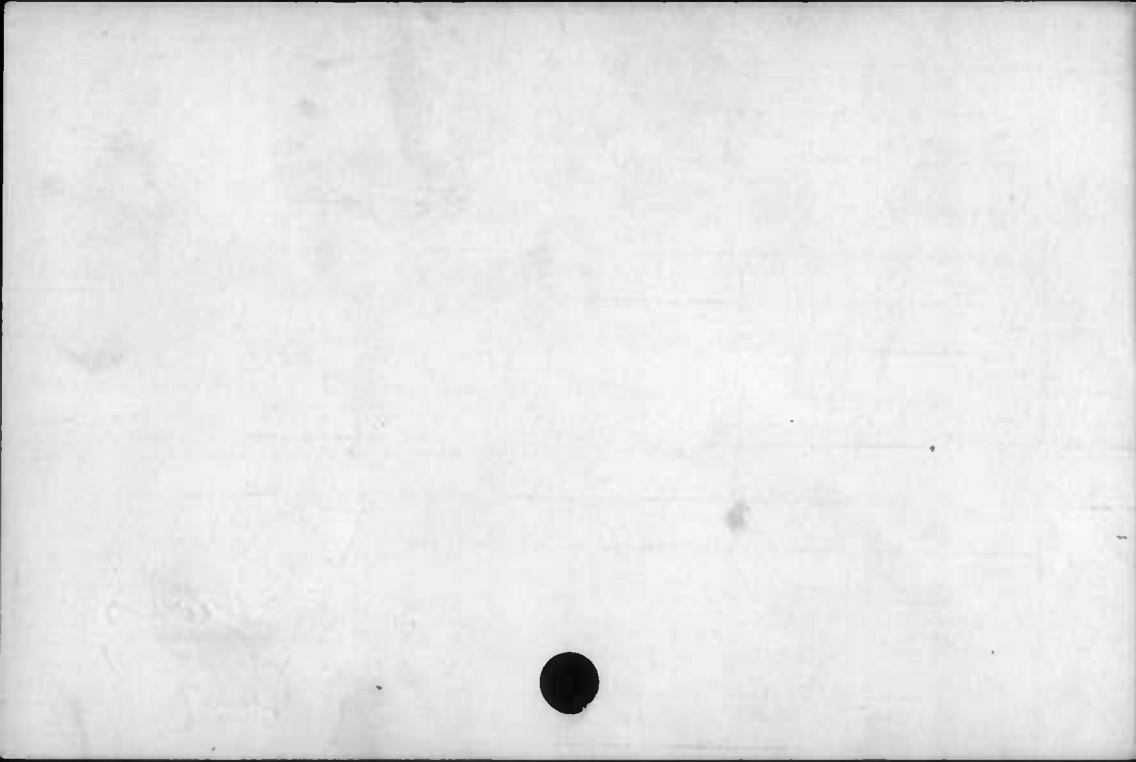
Died at <i>Beaver Creek</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>13</i>	Age <i>92</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Beaver Creek</i>		
<del>Married, Single</del> or Widowed		Name of Wife or Husband <i>Leonard Detrow</i>			
Father's Name <i>Conrad Floegine</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Harvey Shacker</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Samuel Detrow</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>Several years</i>
Immediate <i>Cardiac Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. P. Stauffer</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide?	





Name in Full		Augustus Chmeling				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Date of death		Month	Day	Years	Months	Days	
		Sex		Color or Race		Birth-place			
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband					
		Father's Name		Father's Birthplace					
		Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased							
		<div>CAUSES OF DEATH</div> <div>79</div>							
PHYSICIAN OR CORONER		Primary		Fatty Degeneration of Heart			How long	Years	
		Immediate		Hydrothorax			How long	One day	
		Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician		J. M. Woot
				Address			Hagerstown - Md		
		Accident or Suicide?							

A. W. Coffman  
Westfield N.J.

Name  
in  
Full

Wilfred Lambert Flora  
 Town County

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Leitersburg Washington  
 Month Day Years Months Days

MARYLAND

Date

of death 1909

Month

Jan.

Day

17

Age

Years

76

Months

9

Days

7

Sex

Male

Color or  
Race

White

Birth-  
place

Smithsburg Md

Occupation

Blacksmith

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Sarah Ann Flora.

Father's  
Name

David Flora

Father's  
Birthplace

Mt Vernon

Mother's  
Maiden Name

Mary N. Lambert

Mother's  
Birthplace

Mt Vernon

Name of person giving  
In formation

Sarah R. Earley

How related  
to deceased

Daughter

9

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary

Cancer of stomach

How long

Ten months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

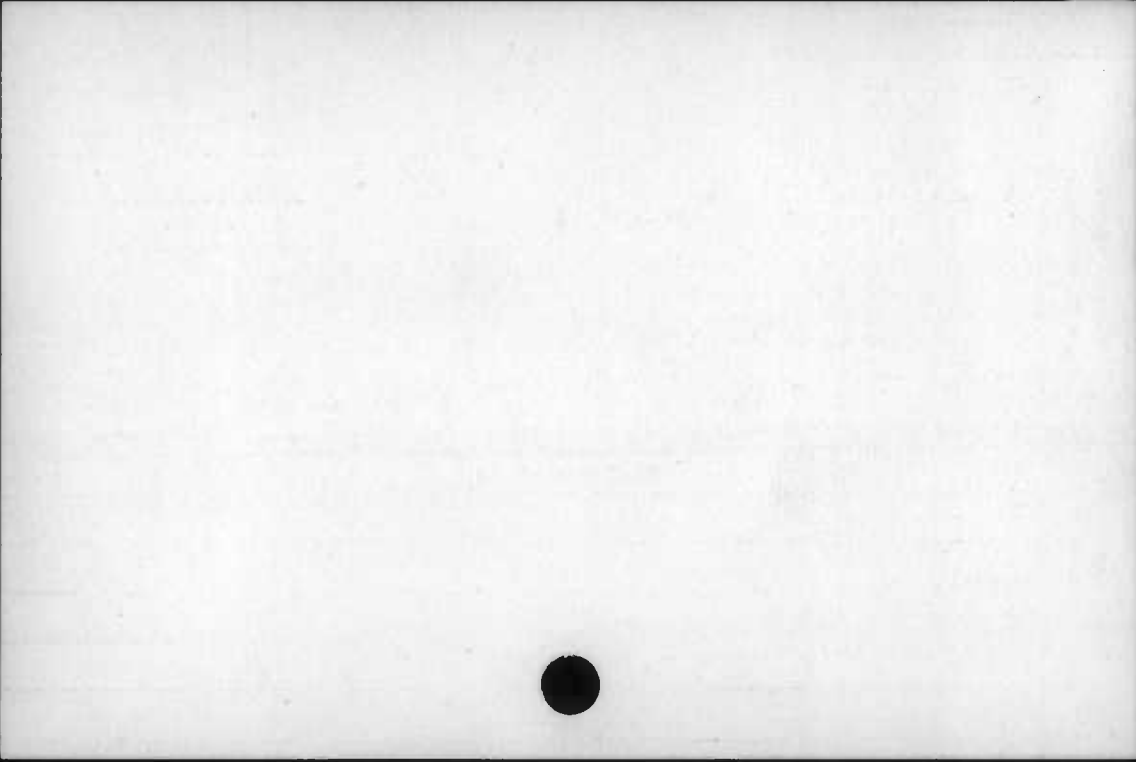
yes

Signature of  
Physician

Address

J. H. Wishard  
 Leitersburg  
 Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Elizabeth May Forrest*

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death 1909 *1* Month *19* Day *—* Years *—* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Hagerstown*

Occupation *None* Where Residing if not at place of death *Hagerstown*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Osmer Forrest* Father's Birthplace *Widewater*

Mother's Maiden Name *Margaret Rudisill* Mother's Birthplace *Smithsburg*

Name of person giving Information *Osmer Forrest* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Still born* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. W. A. Gamm*

Address *Hagerstown, Md*

Accident or Suicide *No*

Smithburg

Name  
in  
Full

Susan Catherine Grimes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Near Williamsport		Washington		MARYLAND	
Date of death		1909	Month	January	Day	23	Age
					Years	64	Months
							Days
Sex		Female		Color or Race		white	
Birth-place						md.	
Occupation		Housewife		Where Residing if not at place of death			
Married, Single or Widowed		Widowed		Name of Wife or Husband		William H. Grimes	
Father's Name		Wm Mc Elroy		Father's Birthplace		Unknown	
Mother's Maiden Name		Mary Kendall		Mother's Birthplace		Unknown	
Name of person giving information		Geo. Grimes		How related to deceased		Son	

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary	Inflammation of Liver	How long	18 mos.
Immediate	Exhaustion	How long	2 mos.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		U. M. Richard	
Address		Fairplay.	
Accident or Suicide?			





Name  
in Full

Mrs Mary Grosh.

CERTIFICATE OF DEATH

Died at Clearspring

County

Washington

MARYLAND

Date of death 1909 First.

Month

Day

25

Years

Age 79

Months

Days

Sex Female.

Color or Race

White.

Birth-place

Maryland.

Occupation

House woman.

Where Residing if not at place of death

Clearspring.

Married, Single or Widowed

Name of Wife or Husband

John Grosh.

Father's Name

don't know.

Father's Birthplace

Unknown

Mother's Maiden Name

don't know.

Mother's Birthplace

Unknown

Name of person giving information

Courtney Grosh.

How related to deceased

Son

CAUSES OF DEATH

Primary

Pulmonary hemorrhage

How long

Unknown

Immediate

Exhaustion

How long

Unknown

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Abraham Shank

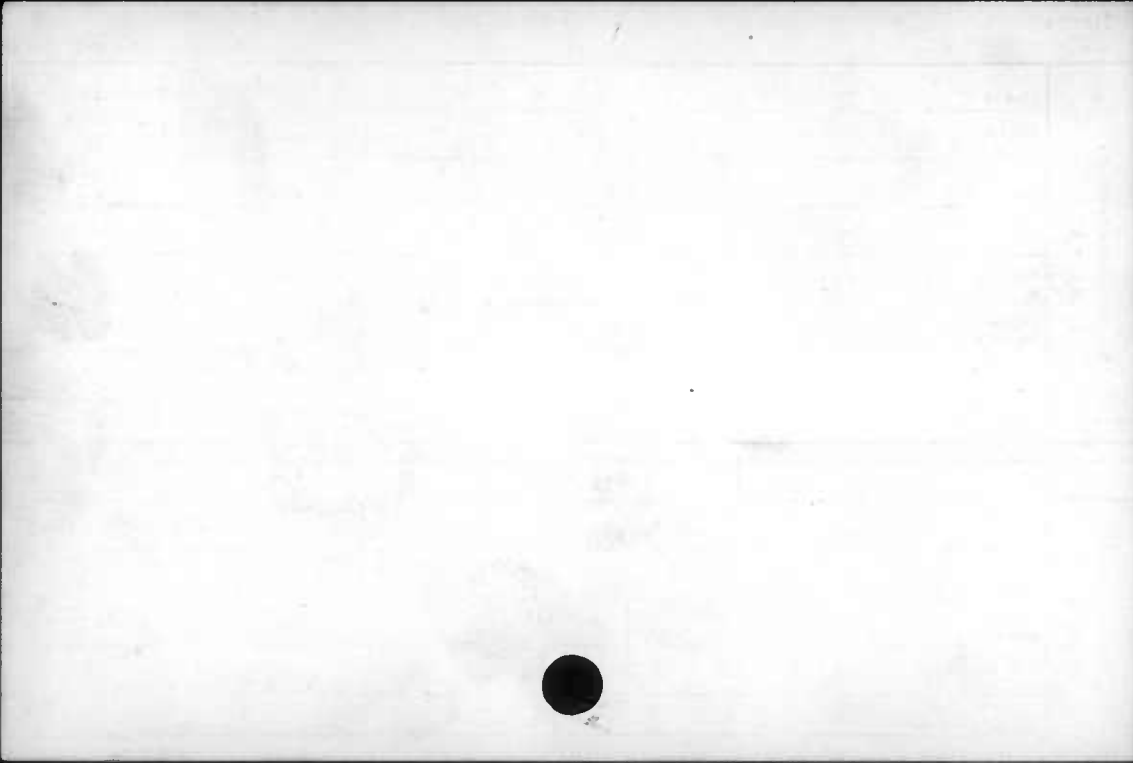
Address

Clearspring  
Washington County

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

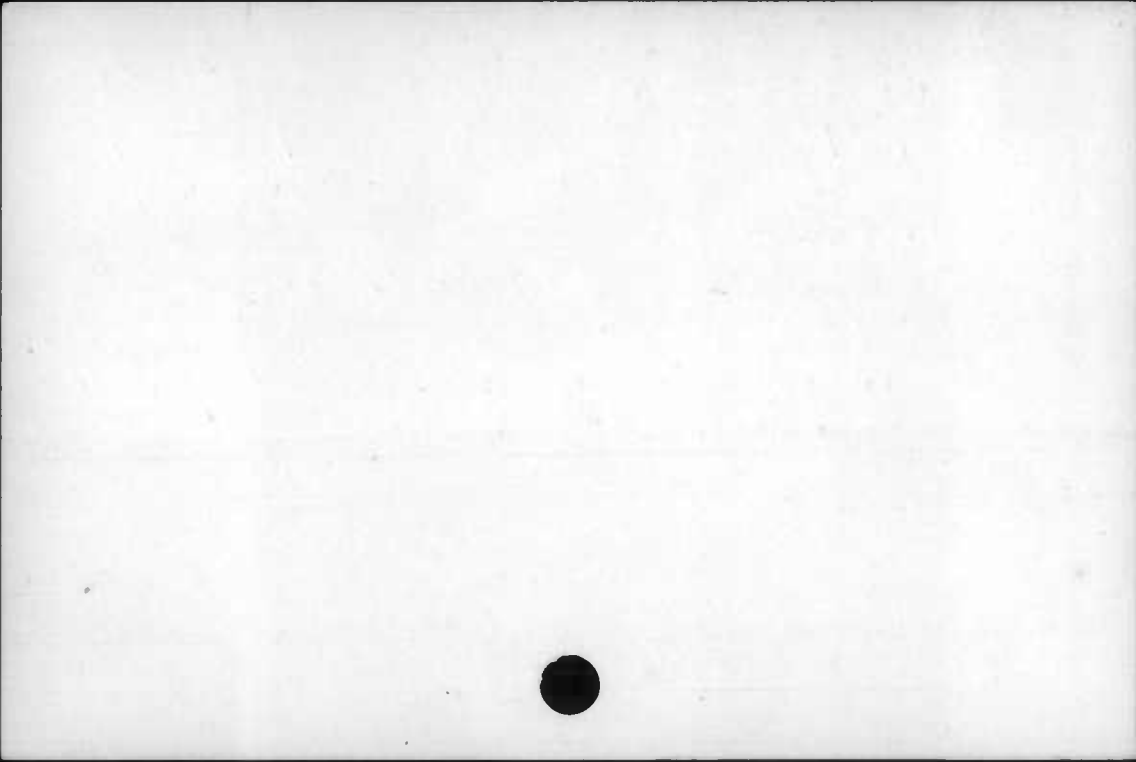
Died at <u>Stodysville</u>		<u>Wash</u> County		<u>State</u> <b>MARYLAND</b>	
Date of death <u>1909</u>	Month <u>1</u>	Day <u>25</u>	Years <u>74</u>	Months <u>1</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Chambersburg Pa</u>		
Occupation <u>House Wife</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>John A Grossnickel</u>			
Father's Name <u>Dont Know</u>			Father's Birthplace <u>Dont know</u>		
Mother's Maiden Name <u>Margaret Tracy</u>			Mother's Birthplace <u>Dont know</u>		
Name of person giving Information <u>John A Grossnickel</u>			How related to deceased <u>Husband</u>		

### CAUSES OF DEATH

77

PHYSICIAN  
OR CORONER

Primary	Abdominal Tumors	How long	30 years
Immediate	Senile Dementia Pericarditis	How long	4 months
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			H. M. Nihiser
		Address	Kendallville Ind
Accident or Suicide?			



Name  
in Full

## CERTIFICATE OF DEATH

Died at

Town  
Smithsburg

County

Washington

MARYLAND

Date

of death

1909

Month

Jan

Day

30

Age

Years

Months

8

Days

7

Sex

Girl

Color or  
Race

White

Birth-  
place

Smithsburg.

Occupation

None

Where Residing if not  
at place of death

Smithsburg

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Allen R. Harbaugh

Father's  
Birthplace

Harbaughs Valley

Mother's  
Maiden Name

Maudie Eigenbrode

Mother's  
Birthplace

Harbaughs Valley

Name of person giving  
Information

Allen R. Harbaugh

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Teething

How long

about a month

Immediate

Teething &amp; Inanition

How long

about a month

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Dr Joseph Prozman

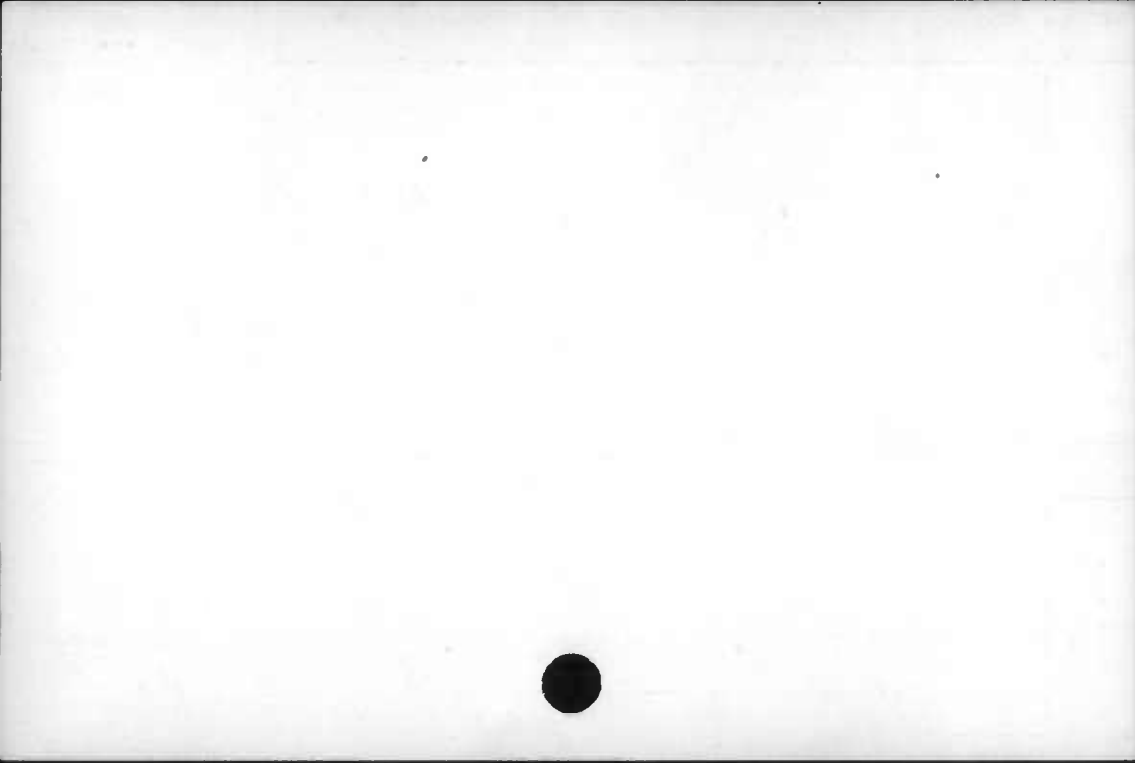
Address

Smithsburg.

Md.

Accident or Suicida

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

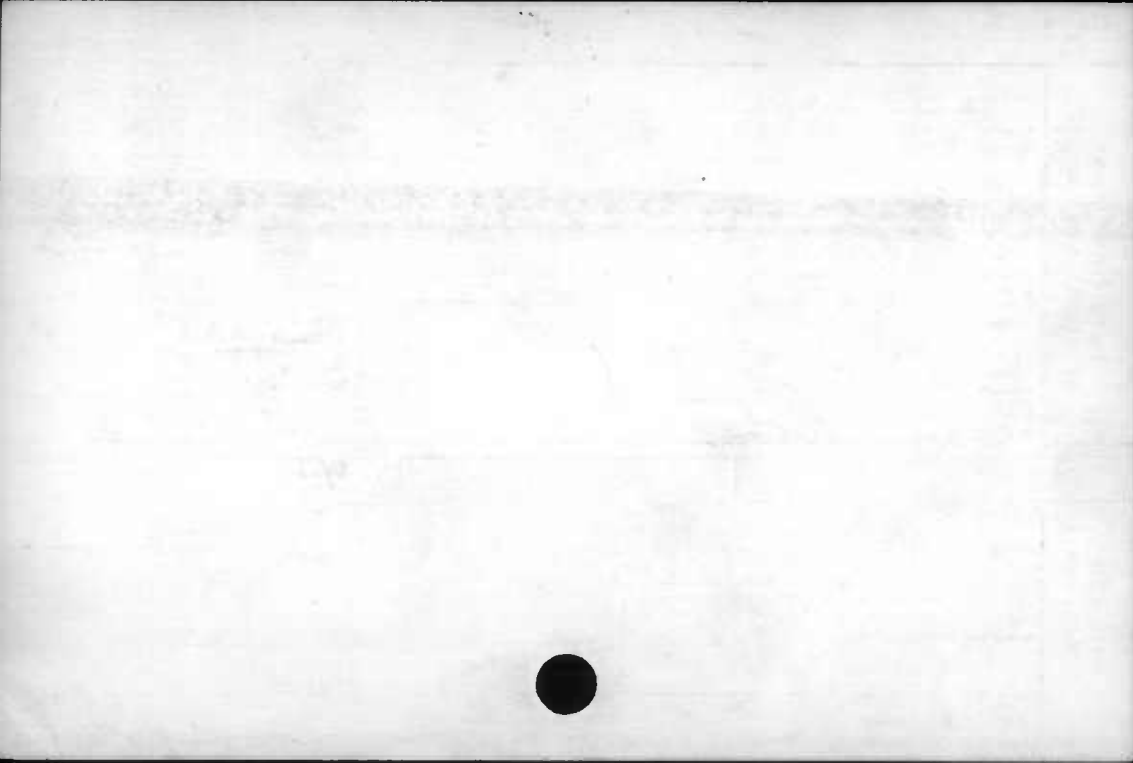
Jackson C. Harper  
 Died at Bagertown Washington MARYLAND  
 Date of death 190 9 1 23 Age 64 11 19  
 Sex male Color or Race white Birth-place Md.  
 Occupation Travelling Salesman Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed married Name of Wife or Husband Lucretia E. May Harper.  
 Father's Name William Harper Father's Birthplace Md.  
 Mother's Maiden Name Ann Shawen Mother's Birthplace "  
 Name of person giving Information Russell Harper How related to deceased son.

## CAUSES OF DEATH

93

Primary Spumonia How long 6 days  
 Immediate Exhaustion How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. A. Marchant  
 Address Bagertown Md  
 Incident or Suicide \_\_\_\_\_

PHYSICIAN  
OR CORNER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Jan	5	45			
Sex	Male		Color or Race	Colored		Birth-place	Not know
Occupation	Cook		Where Residing if not at place of death		Hagerstown		
Married, Single or Widowed			Name of Wife or Husband		Divorced		
Father's Name	George Hill				Father's Birthplace	Not know	
Mother's Maiden Name	Not know				Mother's Birthplace	Not know	
Name of person giving Information	Roland Myers				How related to deceased	Step son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	J. M. Wentz Myelitis		How long	6 wks
Immediate	Exhaustion		How long	2 wks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. Wentz	
		Address	Hagerstown	
Accident or Suicide				

Billone



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

David W Howard

Town

County

Died at

Clear Spring

Wash

MARYLAND

Date

of death

1907

Month

Jan

Day

21

Age

28

Months

11

Days

20

Sex

Male

Color or  
Race

Colored

Birth-  
place

Ind

Occupation

Laborer

Where Residing if not  
at place of deathMarried, ~~Single~~or ~~Widowed~~Name of Wife or  
Husband

Henretta Harvey

Father's  
Name

Alfred Howard

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Ellen Gilles

Mother's  
Birthplace

Ind

Name of person giving  
Information

Alfred Howard

How related  
to deceased

Father

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

Two Years

Immediate

Exhaustion

How long

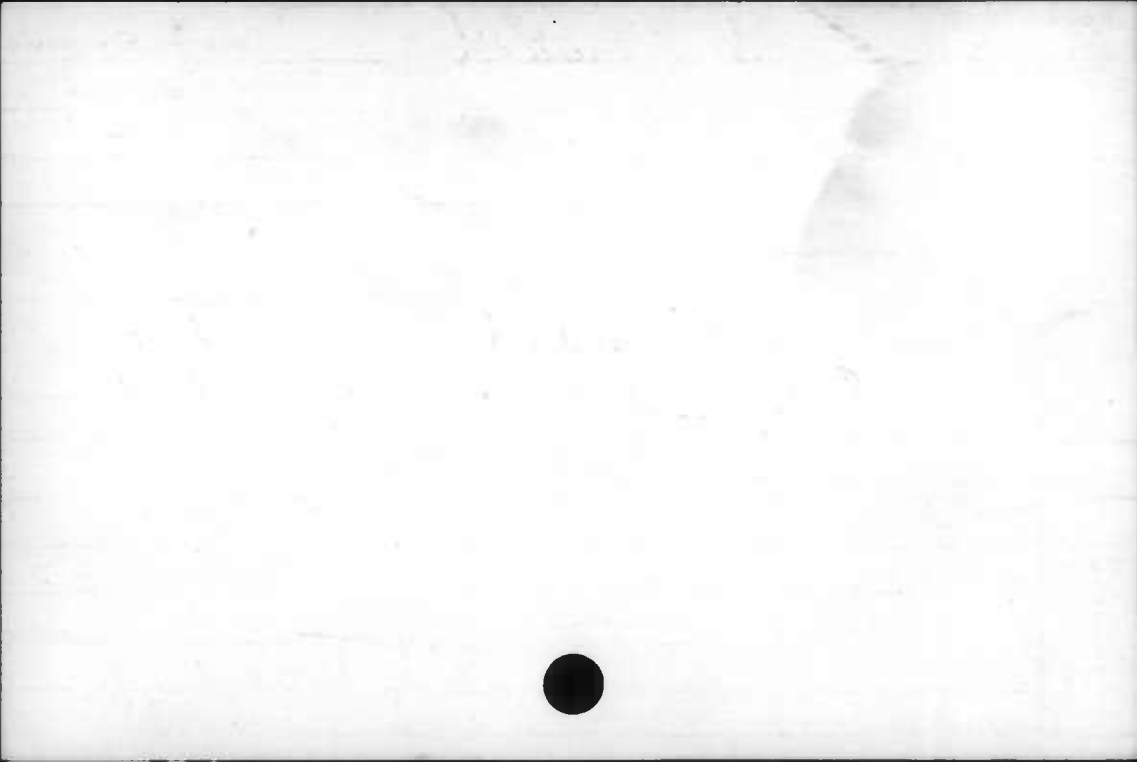
Gradual

Are the name, age, sex, color, data  
and place correctly given above?Signature of  
Physician

Address

J. P. Perry  
Clear Spring IndPHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		1	14	11		0	17
Sex		Color or Race		Birthplace			
Male		White		Baltimore, Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
Samuel Hoffman				Baltimore, Md.			
Mother's Maiden Name				Mother's Birthplace			
Emma Hoffman				" "			
Name of person giving information				How related to deceased			
G. M. [unclear]				Uncle			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	How long
Pneumonia	
Immediate	How long
Heart failure	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	[Signature]
	Address
	Baltimore, Md.
Accident or Suicide?	



Name  
in  
Full

Elizabeth V. Hutzel

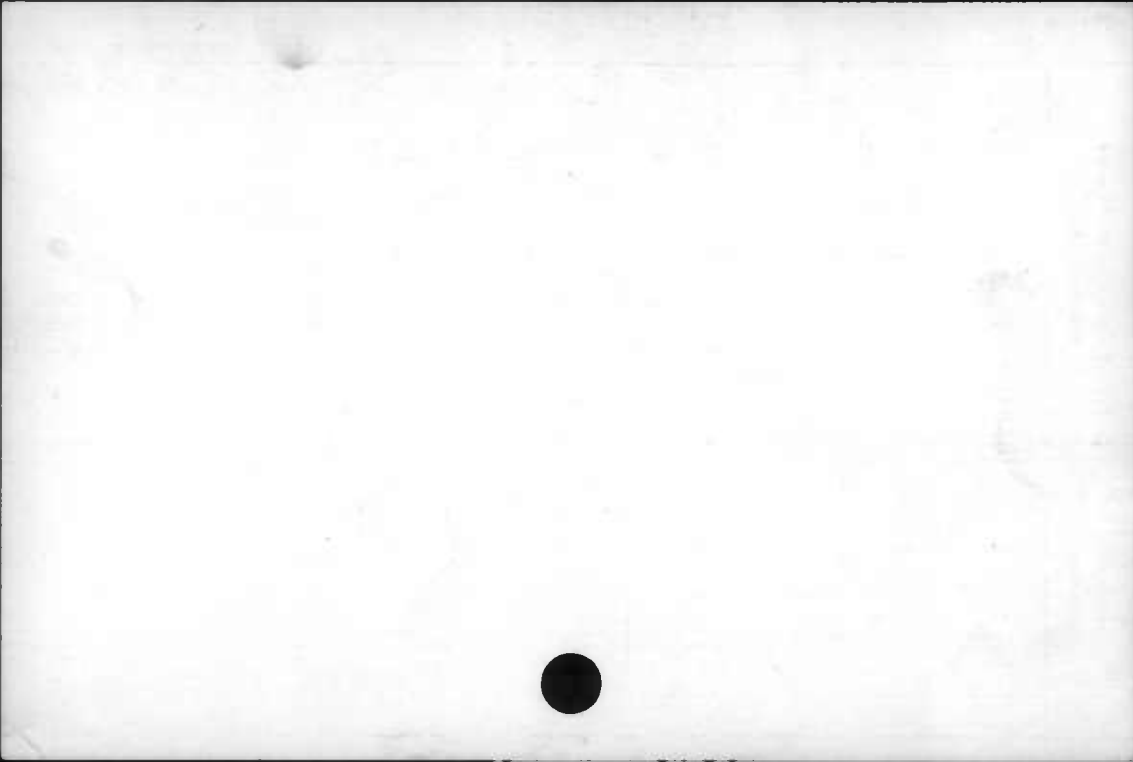
CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Jan	19	Age 28	7	26	
Sex	Female		Color or Race	white		Birth-place	Frederick Co Md
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Hiram S Hutzel			
Father's Name	Jonas Gross		Father's Birthplace	Frederick Co			
Mother's Maiden Name	Jennie M Kephart		Mother's Birthplace	Frederick Co			
Name of person giving Information	Jonas Gross		How related to deceased	Father			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CAUSES OF DEATH	
Primary	Ignition of clothing with a match. Burn of entire body.
Immediate	Shock.
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	Hubert Wade, M.D.
Address	Boonsboro. Md.
Accident or Suicide	Can't say.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>24</i>	Age <i>—</i>	Months <i>8</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>Child</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles E. Jackson</i>	Father's Birthplace <i>va</i>				
Mother's Maiden Name <i>Bessie G. Corby</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Charles E. Jackson</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition</i>	How long <i>8 months</i>
Immediate <i>Exhaustion</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. P. Foster Miller</i>
	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>No</i>	

A. K. Coffman  
Rose Hill

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

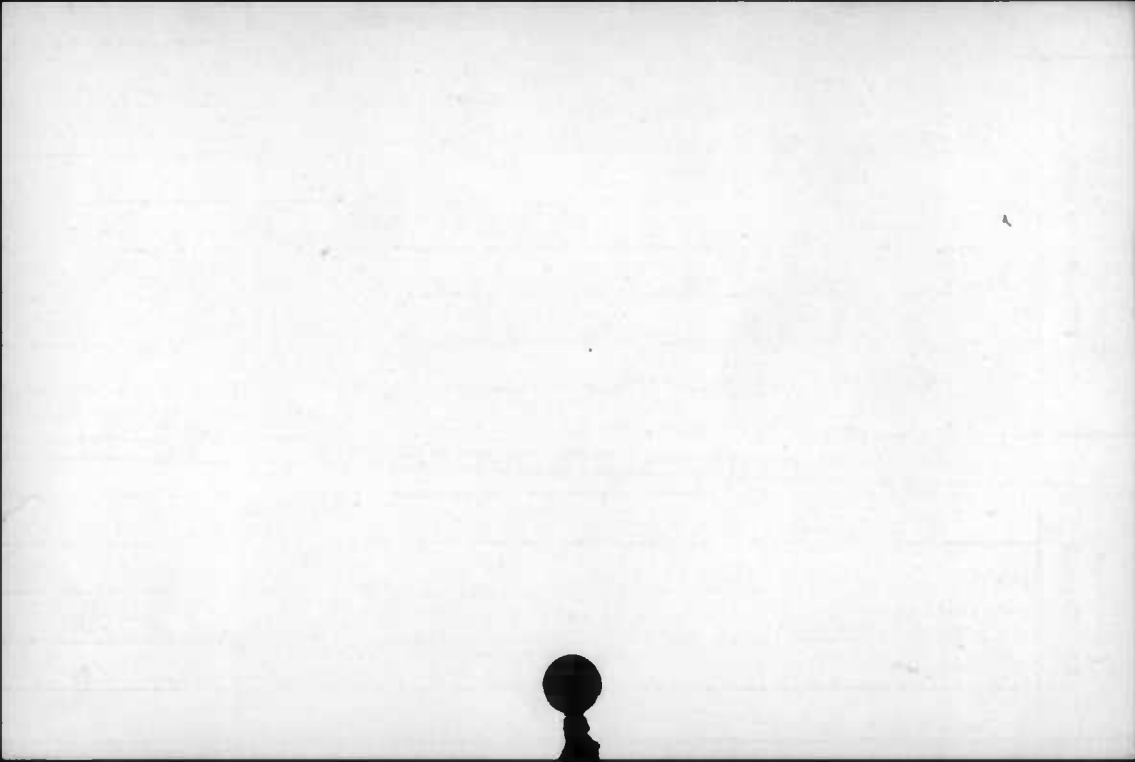
Name <i>George Henry Kretzer</i>		Town <i>Attilson</i>		County <i>Washington</i>		MARYLAND					
Died at <i>Attilson</i>		Month <i>1</i>		Day <i>17</i>		Years <i>75</i>		Months <i>6</i>		Days <i>15</i>	
Date of death <i>1909</i>											
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Ka</i>							
Occupation <i>farmer</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>				Name of Wife or Husband <i>Matilda &amp; Lina</i>							
Father's Name <i>Daniel Kretzer</i>				Father's Birthplace <i>Ka</i>							
Mother's Maiden Name <i>Mary Rider</i>				Mother's Birthplace <i>Ka</i>							
Name of person giving In formation <i>Matilda Kretzer</i>				How related to deceased <i>Wife</i>							

## CAUSES OF DEATH

80

PHYSICIAN  
OR CORONER

Primary <i>Angina Pectoris</i>	How long <i>5 days</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. Perry</i>
<i>File 1909</i>	Address <i>Clearspring Md</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mrs Rebecca Lechliders*

Died at *Hagerstown* Town *Washington* County

Date of death *1909* Month *1* Day *20* Age *73* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Pa.*

Occupation *House work* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *R. A. Lechliders*

Father's Name *James Herr* Father's Birthplace *Pa.*

Mother's Maiden Name *In record of* Mother's Birthplace *Pa.*

Name of person giving information *Mrs Geo Maundy* How related to deceased *Daughter*

CAUSES OF DEATH

*154*

PHYSICIAN  
OR CORONER

Primary *Friels Perutia* How long *4 years*

Immediate *Exhaustion* How long *1 yr*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *B. W. Dugan*

Address *W. 1212 N. 1st St. Wash D.C.*

Accident or Suicide? *No*

A. H. Coffman,  
Rose Hill.

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *George M Lowman*  
 Died at *Leitersburg* Town *Washington* County  
 Date of death *1908* Month *1* Day *30* Age *68* Years Months *9* Days *27*  
 Sex *Male* Color or Race *White* Birth-place *md*  
 Occupation *Plasterer* Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed *married* Name of Wife or Husband *Annie Mary*  
 Father's Name *Leat Lowman* Father's Birthplace *md*  
 Mother's Maiden Name *No Record of* Mother's Birthplace *unknown*  
 Name of person giving information *Annie M Lowman* How related to deceased *Wife*

## CAUSES OF DEATH

(64)

Primary

*Apoplexy*

How long

How long

*four days*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. H. Wishard*  
*Leitersburg*  
*md*

Accident or Suicide?





Name  
in  
Full

Mrs India Luttrell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Williamport</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	January	Day	9
Age	26	Years		Months	9
				Days	16
Sex	Female	Color or Race	White	Birth-place	Winchester
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Guy Alexander Luttrell		
Father's Name	J. Riley Brinn	Father's Birthplace	Winchester Va		
Mother's Maiden Name	Mollie Arnold	Mother's Birthplace	Virginia		
Name of person giving Information	Guy Luttrell		How related to deceased Paris Va		

## CAUSES OF DEATH

53

Primary	Acute Leukemia,	How long	8 days.
Immediate	Toxaemia	How long	2 days.
Are the name, age, sex, color, data and place correctly given above?	Yes.	Signature of Physician	Ernest H. Hatcher
		Address	Williamport, Md.
Accident or Suicide			

PHYSICIAN  
OR CORONER

Jan 9-09

J. F. Krebs

Williamport Ma

22 41 6 in Winchester

2881 22 41 4  
6861 6 41 4

Seagard



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Ellen M Donald</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>Jan</i>		Day <i>19</i>		Years <i>1909</i>	
Date of death <i>1909 Jan 19</i>		Age <i>Twenty</i>		Months <i>One</i>		Days <i>One</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hagerstown</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Same place</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>David M Donald</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Lydia Shires</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving Information <i>E. F. Carbaugh</i>		How related to deceased <i>None</i>					

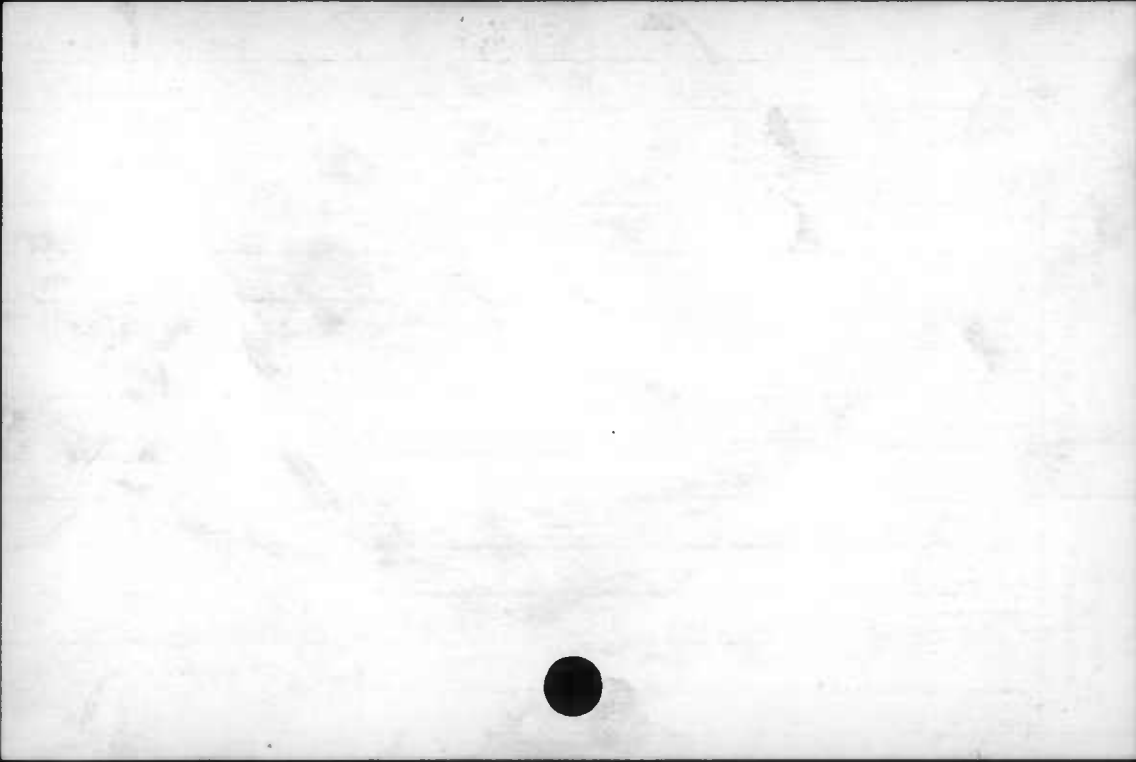
9

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Prematurity</i>	How long <i>4 Mo.</i>
Immediate <i>Prematurity</i>	How long <i>8 Mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. R. Langhain</i>
	Address <i>Hagerstown</i>
Accident or Suicide	



Name  
in  
Full

Nicholas Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Cearfoss</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death		Month	Day	Years	Months	Days	
<i>1909</i>			<i>6</i>	<i>81</i>			
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Penna.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Barbara Anne</i>					
Father's Name <i>David Martin</i>				Father's Birthplace <i>Penna.</i>			
Mother's Maiden Name <i>Catharine Newcomer</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Barbara Anne Martin</i>				How related to deceased <i>Wife</i>			

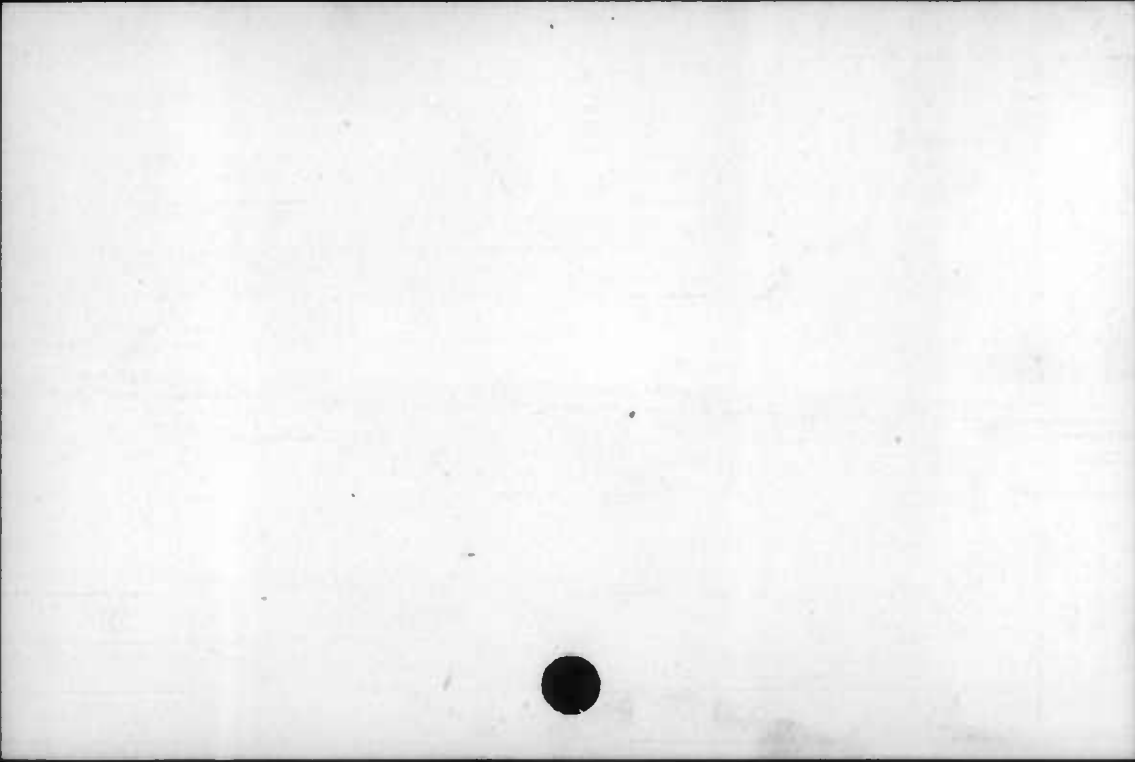
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## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary		<i>Broncho-Pneumonia</i>		How long <i>3 weeks</i>	
Immediate		<i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		<i>2/20</i>		Signature of Physician <i>D. C. Miller M.D.</i>	
				Address <i>1100 10th &amp; D St. N.W.</i>	
				<i>Pa.</i>	
Accident or Suicide? <i>—</i>					



Name  
in  
Full

Mary M. Mentzer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williamport		County Washington		MARYLAND	
Date of death		Month 1	Day 13	Years 73	Months 1		Days 15
Sex Female		Color or Race White		Birth-place Washington Co			
Occupation House Wife		Where Residing if not at place of death Williamport - Md					
Married, Single or Widowed Married		Name of Wife or Husband Christian Mentzer					
Father's Name John Beard		Father's Birthplace Washington Co					
Mother's Maiden Name Mrs. Brewer		Mother's Birthplace " "					
Name of person giving information Lillian Mentzer		How related to deceased Son					

9

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	one week
Immediate	Exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		W. Richardson	
		Address	
		Williamport Md.	
Accident or Suicide?			
no.			

J. M. Miller



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

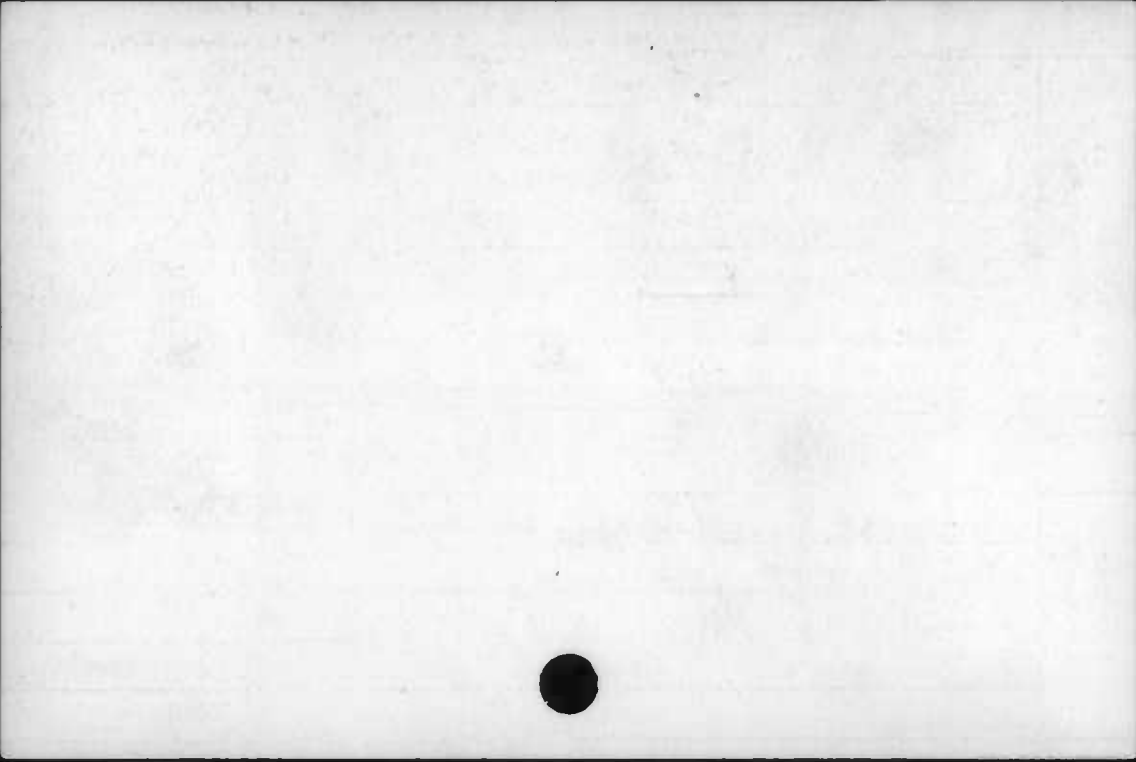
Name in Full		Mrs. Sarah. A. Mish				Town		County		MARYLAND	
Died at		Clearspring		Washington							
Date of death		1909		Month 1		Day 2		Age 74		Months 1	
Sex		Female.		Color or Race		White.		Birth-place		Maryland	
Occupation		Housewife.		Where Residing if not at place of death		Clearspring.					
Married, Single or Widowed		Single		Name of Wife or Husband		George Mish.					
Father's Name		Samuel Winders.		Father's Birthplace		Pa					
Mother's Maiden Name		Susan Newcomber.		Mother's Birthplace		Maryland					
Name of person giving information		Frank, W. Mish		How related to deceased		Son.					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Acute indigestion	How long	Three hours
Immediate	Heart failure	How long	One hour
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Abraham Shank	
Address		Clearspring	
		Washington County	
Accident or Suicide?			



Name  
in  
Full

Mary E. Moore

## CERTIFICATE OF DEATH

Died at <i>Sharpsburg</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>Jan</i> <small>Month</small>	<i>7</i> <small>Day</small>	Age <i>88</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>3</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Porterstown, Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of <del>Wife or</del> Husband <i>Daniel Moore, Dec'd.</i>				
Father's Name <i>Charles Porter</i>	Father's Birthplace <i>Ellisville, Md.</i>		Mother's Birthplace <i>Sharpsburg, Md.</i>		
Mother's Maiden Name <i>Elizabeth Ross</i>	Name of person giving information <i>Mrs. Frank Moore</i>		How related to deceased <i>Daughter-in-law</i>		

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

154

PHYSICIAN OR CORONER	Primary <i>General debility</i>	How long <i>Several hours.</i>
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Gamott,</i>
		Address <i>Sharpsburg, Md.</i>
Accident or Suicide?		

Chas. S. Wade  
Undertaker

Name  
in  
Full

Keelen Anna Mowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown <sup>Town</sup> Wash <sup>County</sup> **MARYLAND**

Date of death 1909 1 <sup>Month</sup> 16 <sup>Day</sup> Age 2 <sup>Years</sup> — <sup>Months</sup> 23 <sup>Days</sup>

Sex female Color or Race white Birth-place Illinois

Occupation — Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name J. Calvin Mowen Father's Birthplace Pa.

Mother's Maiden Name Addie Schwartz Mother's Birthplace Ohio

Name of person giving Information J. C. Mowen How related to deceased Father's

## CAUSES OF DEATH

92

Primary Broncho-pneumonia How long 2 days

Immediate Cardiac failure How long 15-min

Are the name, age, sex, color, date and place correctly given above? Yes. Signature of Physician Mary A. Laughlin M.D.

Address Hagerstown

Accident or Suicide —

PHYSICIAN  
OR CORONER

S  
2969



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

David F. Myers

Town

County

Died at

Near Smithsburg Washington

MARYLAND

Date  
of death

1909

Month

1

Day

10

Age

Years

48

Months

9

Days

17

Sex

male

Color or  
Race

white

Birth-  
place

Clearspring

Occupation

Farmer

Where Residing if not  
at place of death

Near Smithsburg

Married, Single  
or Widowed

Married

Name of Wife or  
HusbandAda Sweetwater  
David F. Myers combed by No.Father's  
Name

Isaac Myers

Father's  
Birthplace

Clearspring

Mother's  
Maiden Name

Mary Garner

Mother's  
Birthplace

Clearspring

Name of person giving  
information

Barbra Myers

How related  
to deceased

Wife

## CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

one year

Immediate

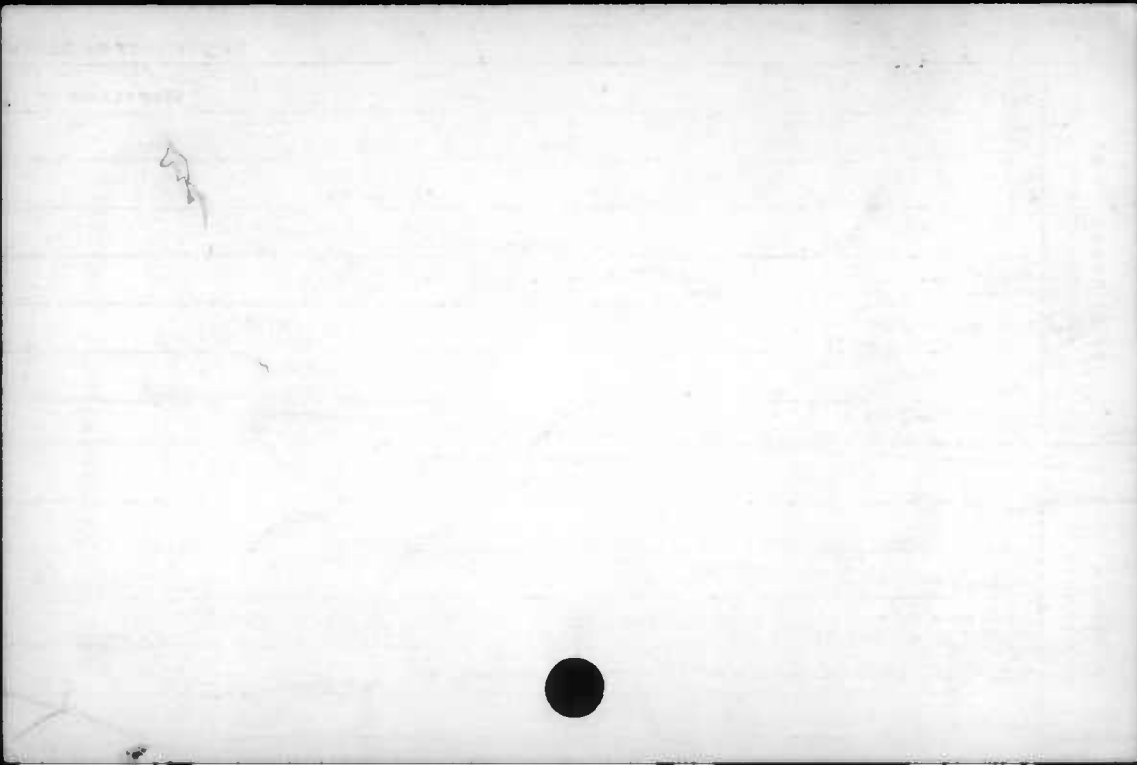
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J L Musie M.D.  
Smithsburg Md

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Elizabeth Naikirk

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Sharpsburg Washington County MARYLAND

Date of death 1909 1 Month 21 Day 63 Age 1 Months 28 Days

Sex Female Color or Race White Birth-place Kearneysville

Occupation None Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
Husband —Father's  
NameHarry F. NaikirkFather's  
BirthplaceKearneysvilleMother's  
Maiden NameMary E. MillerMother's  
BirthplaceKearneysvilleName of person giving  
In formationSamuel H. NaikirkHow related  
to deceasedBrother

## CAUSES OF DEATH

99

Primary

Cirrhosis of Lung

How long

Years

Immediate

Heart failure

How long

about a weekAre the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianE. L. Garrett

Address

Sharpsburg, Ind.

Accident or Suicide?



Name  
in  
Full

John Nitzell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

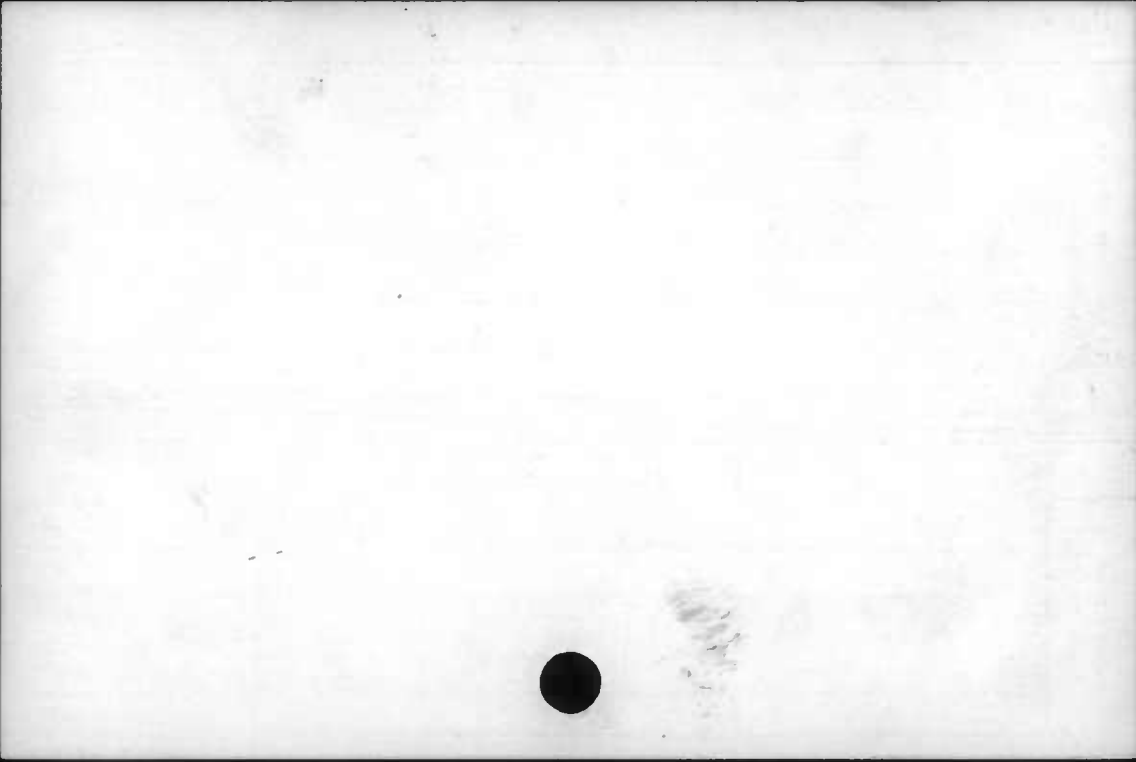
Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death <i>1909 January</i>		Month		<i>23<sup>d</sup></i>		Day		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Williamsport Md.</i>		Months		Days <i>1</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Hagerstown</i>		Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Catherine Evaline Nitzell (ne Albert)</i>		Father's Name <i>John Nitzell</i>	
Mother's Maiden Name <i>Eliza Hammond</i>		Father's Birthplace <i>Williamsport Md.</i>		Mother's Birthplace <i>Williamsport, Md.</i>		How related to deceased <i>Daughter</i>		Name of person giving Information <i>Eva A. Gruber</i>	

## CAUSES OF DEATH

94

Primary <i>Empysemia; - ruptured via. mouth</i>		How long <i>4 weeks - -</i>	
Immediate <i>Exhaustion -</i>		How long " "	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>W. Preston Miller</i>	
		Address <i>Hagerstown, Md.</i>	
Accident or Suicide <i>No</i>			

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

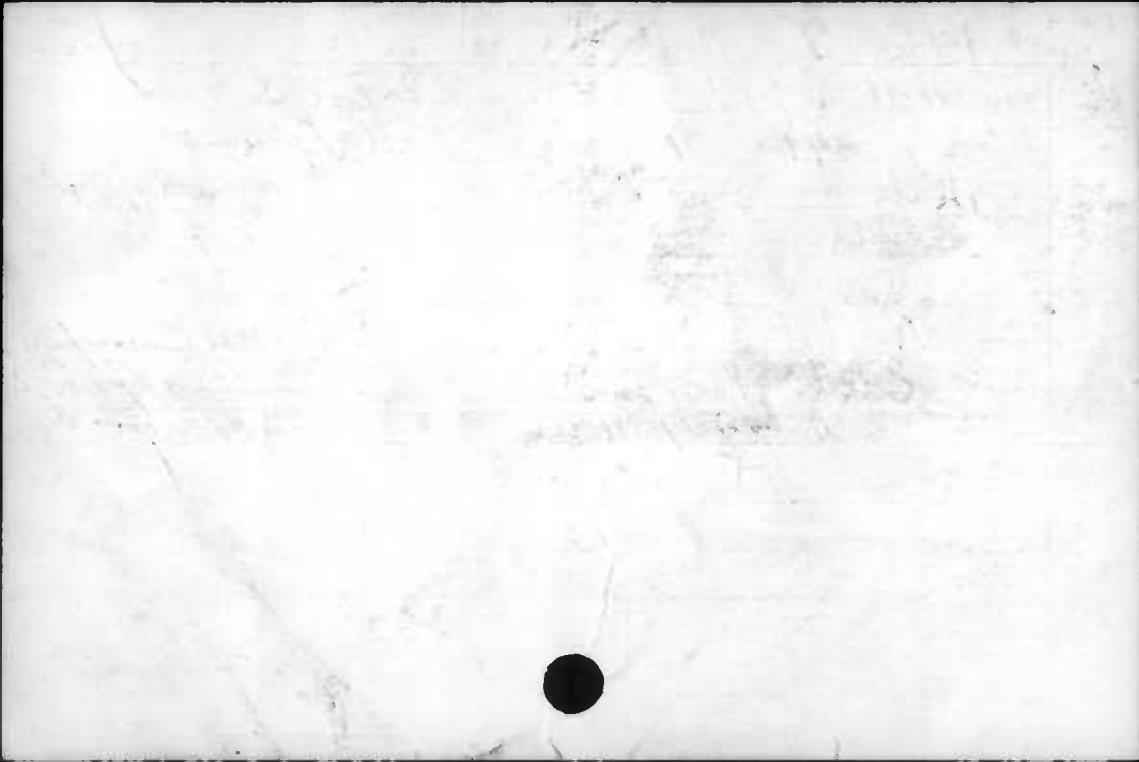
Name <i>John T. Null</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Williamsport</i>		Month <i>7</i>		Day <i>18</i>	
Date of death <i>1909</i>		Year <i>1909</i>		Month <i>7</i>	
Age <i>3 mo.</i>		Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>Child</i>		Birth-place <i>Williamsport</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Fether's Birthplace <i>Williamsport</i>	
Fether's Name <i>Robert Null</i>		Mother's Maiden Name <i>Edith Huggins</i>		Mother's Birthplace <i>Clearspring</i>	
Name of person giving Information <i>Robert Null</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>Three hours</i>
Immediate	<i>Erythraemia</i>	How long	<i>Three hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. B. Richardson</i>	
Yes.		Address <i>Williamsport, Md.</i>	
Accident or Suicide		No.	



Name  
in  
Full

CERTIFICATE OF DEATH

Alvin Markus Ardway  
Town Washington County

MARYLAND

Died at Wagerstown  
Date of death 190 9 Month 1 Day 3 Age 57 Years Months — Days 22

Sex Male Color or Race white Birth-place Vermont  
Occupation Merchant Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Emma Ardway

Father's Name Henry Ardway Father's Birthplace don't know

Mother's Maiden Name Harriett Miller Mother's Birthplace " "

Name of person giving Information Emma Ardway How related to deceased Wife

CAUSES OF DEATH

Primary Endocarditis How long 5 or 6 yrs

Immediate .. How long Instantly

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Wm Preston Miller  
Address Wagerstown Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

J. M. Watkins



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Joseph A Parks* Town *Blazerstown* County *Washington* MARYLAND

Died at *Blazerstown* *Washington*

Date of death 190*9* Month *1* Day *12* Age *52* Years *11* Months *10* Days

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Machinist* Where Residing if not at place of death *C*

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Seuler*

Father's Name *Joseph A Parks* Father's Birthplace *Md*

Mother's Maiden Name *Mrs Annie Harman* Mother's Birthplace *Md*

Name of person giving Information *Mrs Annie Parks* How related to deceased *Mother*

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary *Dr. Saunders* How long *18 months*

Immediate *Sudden Strangulation* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. E. Hoff*

Address *Blazerstown Md*

Accident or Suicide *Meo*

Dr Hugg  
Kane Hill  
N. C. B. B. B.

Mr. Johnson.

Name  
in  
Full

Amanda C. Pierce

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Antietam <sup>County</sup> Washington <sup>State</sup> MARYLAND

Date of death 1909 1 27 Age 53 Years 9 Months 24 Days

Sex Female Color or Race White Birth-place Robinsonville

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband James A. Pierce

Father's Name Daniel Baker Father's Birthplace Ford Co

Mother's Maiden Name Don't Know Mother's Birthplace Don't Know

Name of person giving information James A. Pierce How related to deceased Husband

CAUSES OF DEATH

79

Primary Heart Disease + Dropsy How long Several years

Immediate Death sudden from heart failure How long Sudden

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. Howell Gardner

Address Sharpsburg Md

Accident or Suicide?

L E Dorman & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Date

of death 1909

Month

1

Day

6

Age

Years

16

Months

7

Days

23

Sex

Male

Color or  
Race

white

Birth-  
place

Md

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Milton W. Porterfield

Father's  
Birthplace

W Va

Mother's  
Maiden Name

Ida E. Starkman

Mother's  
Birthplace

Md

Name of person giving  
Information

Milton W. Porterfield

How related  
to deceased

Father

## CAUSES OF DEATH

120

Primary

Brights Disease

How long

20 years

Immediate

Cardiac Exhaustion from over exertion

How long

2nd day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

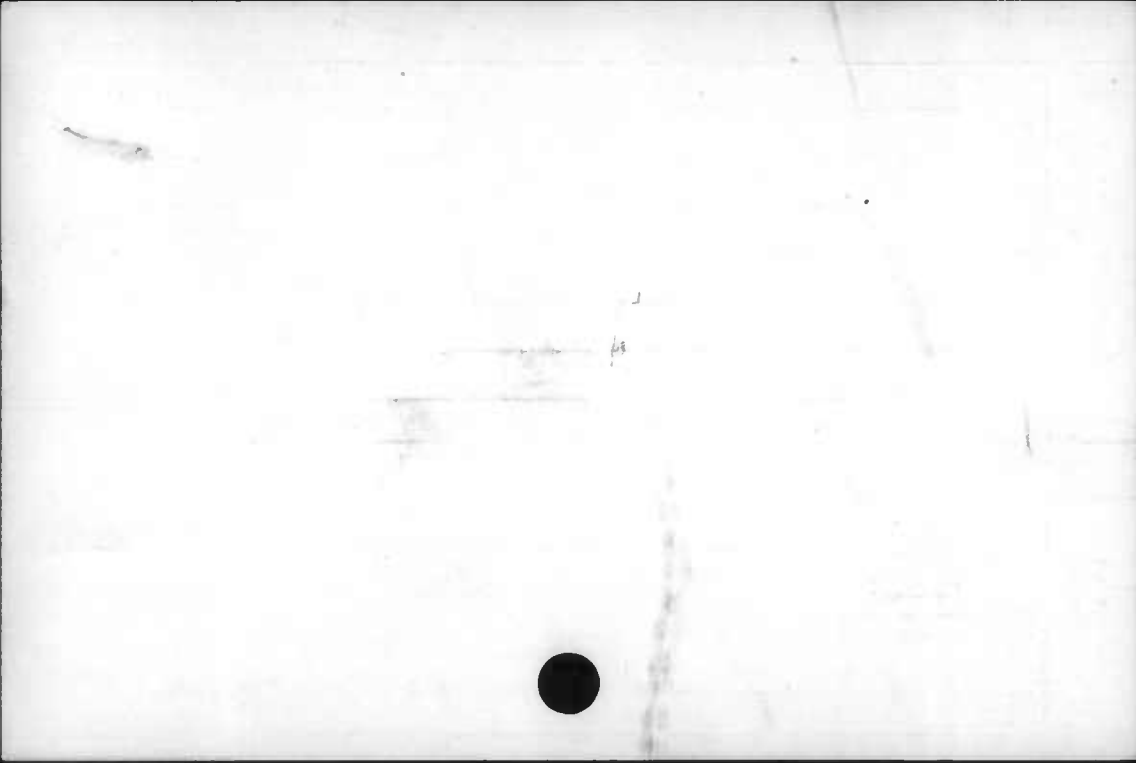
A. P. Huffer

Hagerstown

Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth, M. Post

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

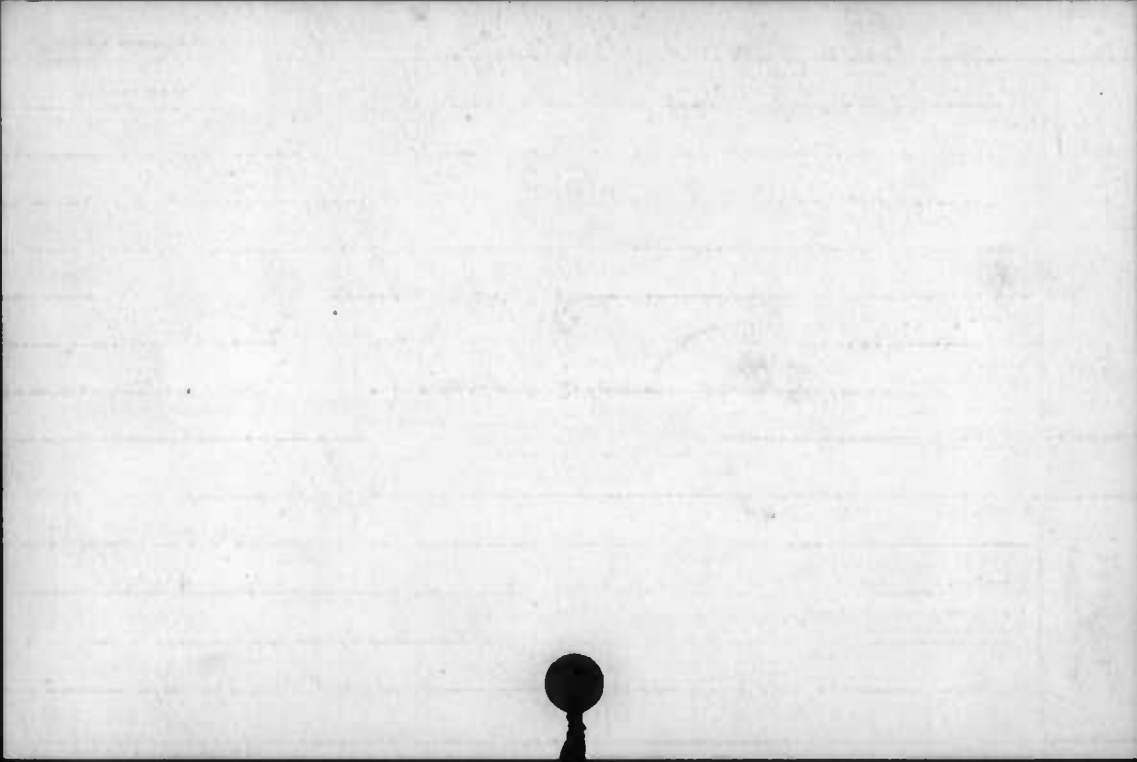
Died at <i>Near Hancock</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	1	Day	15
Age		68		Years	7
Sex		Female		Color or Race	White
Occupation				Birth-place	North Branch Iowa
Where Residing if not at place of death					
Married, Single or Widowed		Widowed		Name of Wife or Husband	
				Ann Post	
Father's Name		Franklin Davis		Father's Birthplace	
				North Branch Iowa	
Mother's Maiden Name				Mother's Birthplace	
				"	
Name of person giving information		E. H. Post		How related to deceased	

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Asthma	How long	5 years
Immediate	Valvular Heart Disease	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Hancock, Md.	
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

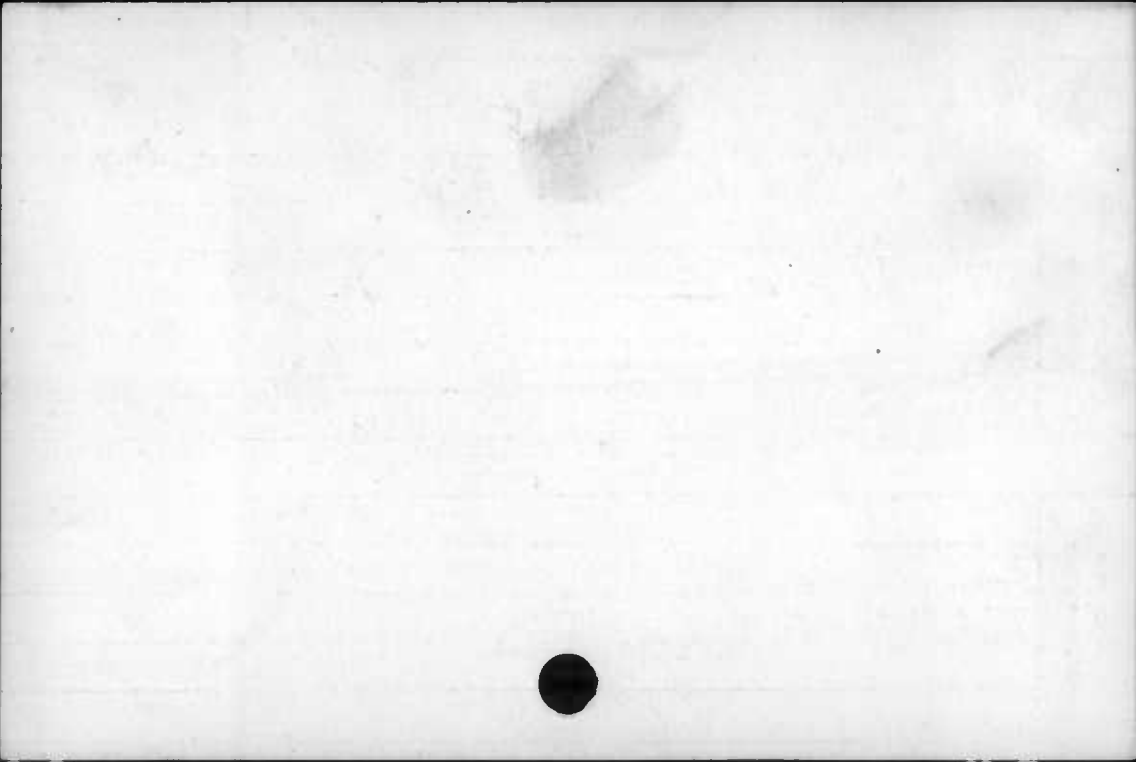
Name in Full <i>Nettle S. Reacher</i>		Town <i>Trumpton</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Trumpton</i>		Month <i>9</i>		Day <i>11</i>		Age Years <i>31</i> Months <i>2</i> Days <i>4</i>	
Date of death <i>1909</i>		Sex <i>Female</i>		Color of Race <i>White</i>		Birth-place <i>Trumpton</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Trumpton</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Aaron Reacher</i>					
Father's Name <i>Theodore McCarry</i>		Father's Birthplace <i>Trumpton</i>					
Mother's Maiden Name <i>Rose Fisher</i>		Mother's Birthplace <i>Trumpton</i>					
Name of person giving information <i>Aaron Reacher</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 Years</i>
Immediate <i>14 months</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. J. Wiggins</i>
	Address <i>Trumpton</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

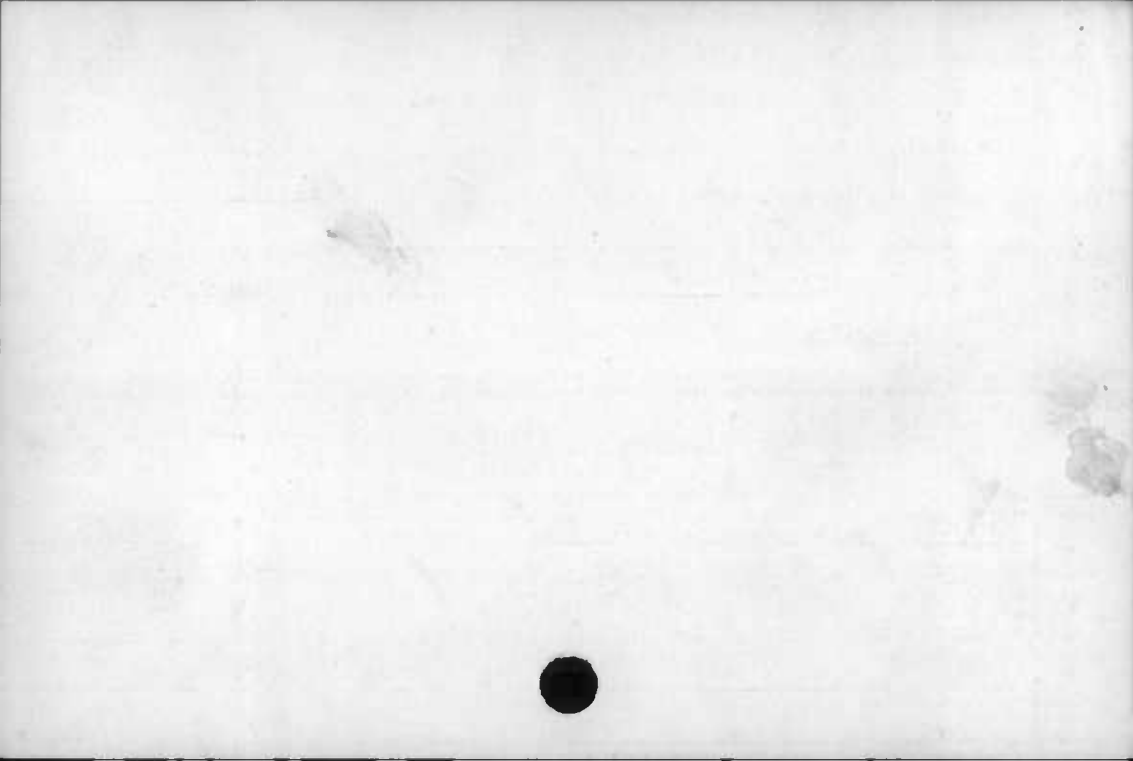
Name in Full <i>Elvora Berthema Ridesout</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>1</i>		Day <i>7</i>		Age <i>6</i>	
Date of death <i>1909</i>		Month <i>1</i>		Day <i>7</i>		Years <i>6</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>		Months <i>7</i>	
Occupation <i>Child</i>		Where Residing if not at place of death <i>md</i>		Days <i>1</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>md</i>					
Father's Name <i>John Ridesout</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Ann Marie Clewis</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>Ann Marie Ridesout</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary <i>membranous Ovary Diphtheria</i>		How long <i>3 days</i>	
Immediate <i>Strangulation</i>		How long <i>30 min.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. B. Wilson M.D.</i>	
		Address <i>159 1/2 N. Graham</i>	
Accident or Suicide? <i>no</i>		<i>Hagerstown md</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mrs. Alice Ringer*

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death *1909* Month *1* Day *30* Age *57* Years Months *4* Days *2*

Sex *Female* Color or Race *White* Birth-place *Boonsboro*

Occupation *Domestic* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Thos. B. Ringer*

Father's Name *Lewis Johnson* Father's Birthplace *Va.*

Mother's Maiden Name *Ann Kelly* Mother's Birthplace *Va.*

Name of person giving information *Josephine Ringer* How related to deceased *Daughter*

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary *Heart Failure* How long *Sudden*

Immediate *1* How long *1*

Are the name, age, sex, color, date and place correctly given above?

*JH*

Signature of Physician

*E. C. Drayham*

Address

*1723 W. Main St.*~~Accident or Suicide~~

A. K. Coffman  
Rose Hill

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

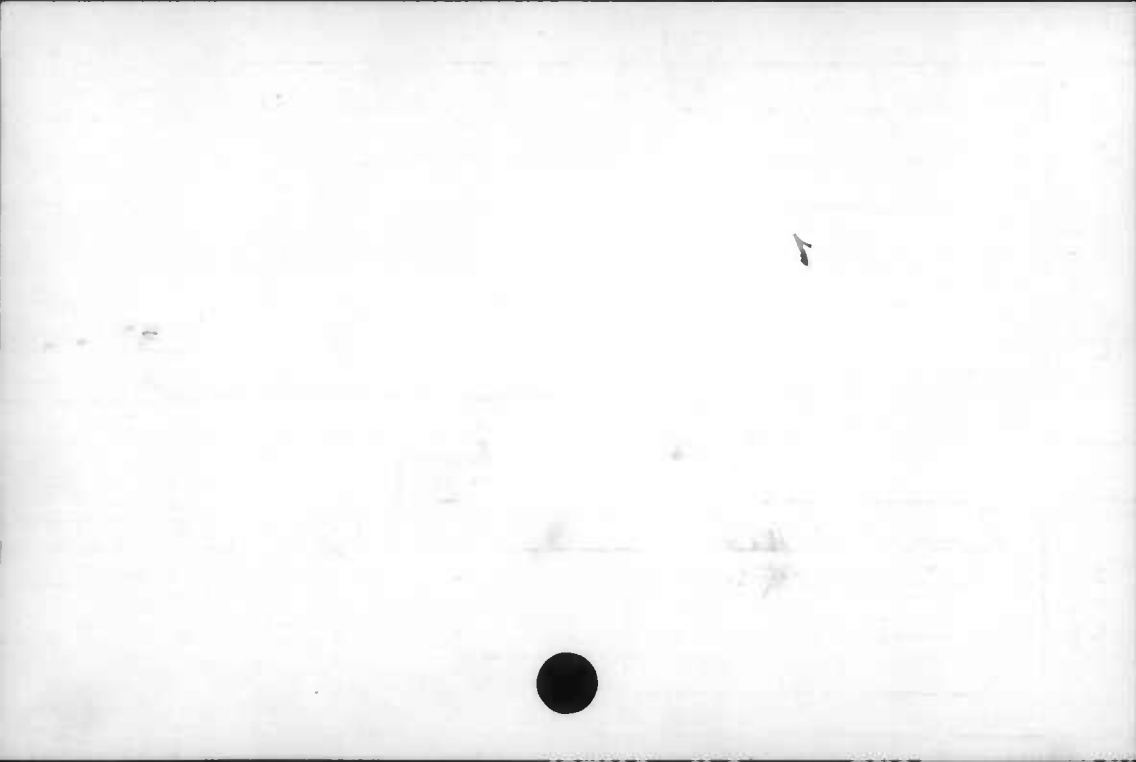
Name *George End Kouger* Town *Hagerstown* County *Washington* MARYLAND  
 Died at *Hagerstown*  
 Date of death 190*9* Month *1* Day *13* Age *41* Years Months *10* Days *22*  
 Sex *Male* Color or Race *White* Birth-place *Md*  
 Occupation *Clerk* Where Residing if not at place of death \_\_\_\_\_  
 Merriad, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_  
 Father's Name *George W. Kouger* Father's Birthplace *Md*  
 Mother's Maiden Name *Catharine Miller* Mother's Birthplace *Md*  
 Name of person giving Information *Wm M Kouger* How related to deceased *Bro*

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *24 Days*  
 Immediate *Heart Failure* How long *10 hrs*  
 Are the name, age, sex, color, data and place correctly given above? *yes*  
 Signature of Physician *J. E. Pitaroglo*  
 Address *Hagerstown Md*  
 Accident or Suicide





Name  
in  
Full

Mrs Ella M. Kumberger

CERTIFICATE OF DEATH

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

of death 1909

Month

1

Day

18

Years

Age

70

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Geo C. Kumberger

Father's  
Name

Joshua Snyder

Father's  
Birthplace

Md

Mother's  
Maiden Name

Drusilla Hersons

Mother's  
Birthplace

Md

Name of person giving  
Information

Geo Kumberger

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Cardiac Asthma (Pulmonary Embolism)

How long

1/2 hour

Immediate

Cardiac Asthmatic

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

W J Morrison

Address

Hagerstown Md

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

I know nothing of her previous  
condition. gave history of previous  
attacks

Watkins

Frampton

Name  
in  
Full

Albert Russ

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death 1909 <sup>Month</sup> 1st <sup>Day</sup> 11th		Age <sup>Years</sup> 39 <sup>Months</sup> 7 <sup>Days</sup> 15			
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Virginia</u>			
Occupation <u>Hod Carrier</u>	Where Residing if not at place of death _____				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____				
Father's Name <u>Wm. P. Russ</u>	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>No Record of</u>	Mother's Birthplace <u>Virginia</u>				
Name of person giving information <u>Lizzie Walker</u>	How related to deceased <u>None</u>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <u>Chronic Nephritis</u>	How long <u>1 year</u>
Immediate <u>Heart failure</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. B. Wilson, M.D.</u>
	Address <u>159 1/2 N. Jonathan St. Hagerstown Md.</u>
Accident or Suicide? <u>no</u>	

A. K. Coffman  
Halifax.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rolph E. Semler</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>1</i>		Day <i>14</i>		Year <i>1909</i>	
Date of death <i>1909</i>		Month <i>1</i>		Day <i>14</i>		Age <i>35</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Md</i>		Days <i>2</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Charles T. Semler</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Lulu V. Brock</i>		Mother's Birthplace <i>Md</i>					
Name of person giving Information <i>—</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary <i>Obstruction of bowels</i>	How long <i>One week</i>
Immediate <i>Pneumonia</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Daniel A. Watkins</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide	

2467



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Hagerstown

Town

County

Wash.

MARYLAND

Date

of death

1909

Month

1

Day

1

Age

21

Years

Months

3

Days

Sex

male

Color or  
Race

white

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

John B. Settle Sr

Father's  
Birthplace

Va.

Mother's  
Maiden Name

Cora E. McClary

Mother's  
Birthplace

Md.

Name of person giving  
Information

J. B. Settle

How related  
to deceased

father.

## CAUSES OF DEATH

116

Primary

Peritonitis

How long

4 days

Immediate

Exhaustion

How long

few hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

A. P. Stauffer

Address

Hagerstown, Md.

Accident or Suicide

No

PHYSICIAN  
OR CORNER

Enter



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

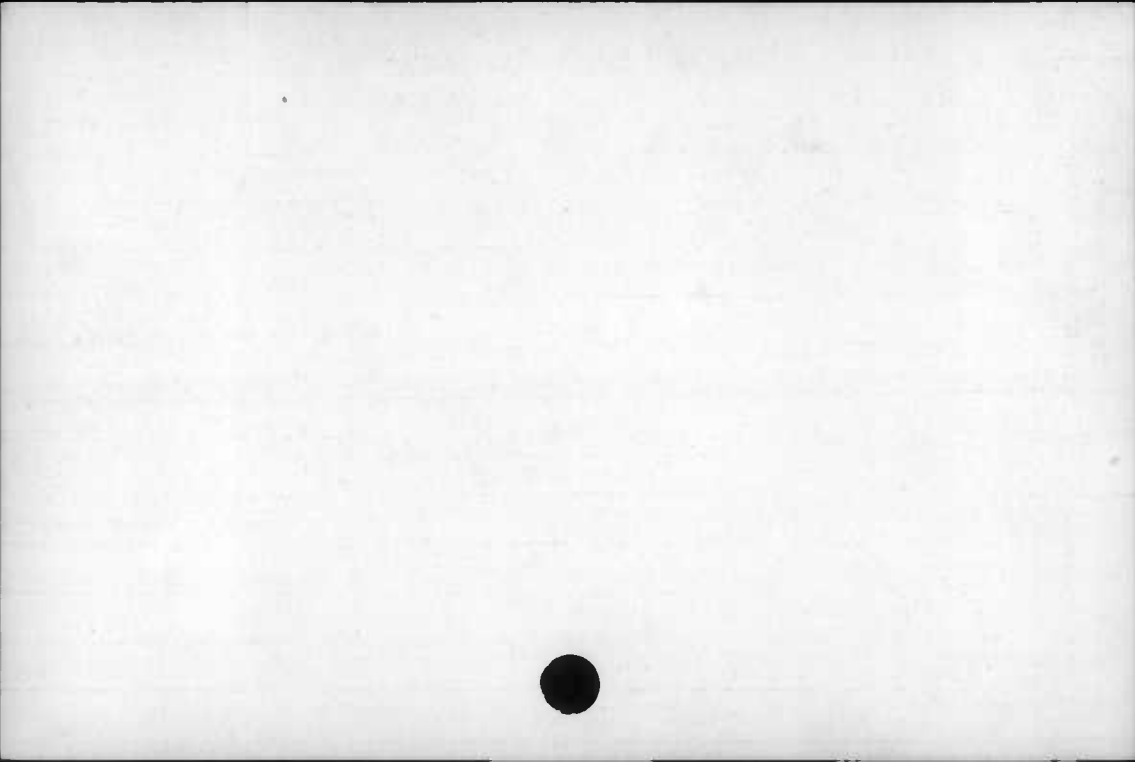
Died at <i>Near Downsville</i>		Town <i>Downsville</i>		County <i>Wash</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>Jan</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>89</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Downsville</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>Downsville</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>John Shank</i>				Father's Birthplace <i>Downsville</i>			
Mother's Maiden Name <i>Esther Downey</i>				Mother's Birthplace <i>Downsville</i>			
Name of person giving information <i>John Shank</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

(90)

PHYSICIAN  
OR CORONER

Primary	<i>capillary Bronchitis?</i>		How long <i>?</i>
Immediate	<i>child marasmus</i>		How long <i>?</i>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician <i>V.M. Reichard</i>
Address <i>child marasmus</i>		<i>to Fair play.</i>	
Accident or Suicide? <i>When seen</i>			



Name in Full *Ellen Leonora Shaw*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at *WilliamSPORT* Town *Washington* County *MARYLAND*

Date of death *1909* Month *January* Day *26<sup>th</sup>* Age *23* Years Months *11* Days *10*

Sex *Female* Color or Race *White* Birth-place *M<sup>c</sup>Loys Ferry*

Occupation *Housework* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Jacob Shaw* Father's Birthplace *Big Cove Pa.*

Mother's Maiden Name *Sarah B. Grooms* Mother's Birthplace *M<sup>c</sup>Loys. Ferry*

Name of person giving Information *David Shaw* How related to deceased *Brother*

CAUSES OF DEATH

*85*

PHYSICIAN  
OR CORONER

Primary \_\_\_\_\_ How long \_\_\_\_\_

Immediate *Hemorrhage* \_\_\_\_\_ How long *Immediate*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. C. Hershberger.*

*Justice of the Peace*  
*and Sub. Registrar Local Board of Health*

Accident or Suicide *No.*



Name  
in  
Full

Ann Maria Shenebeck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		Month January	Day 24	Years Age	55	Months	Days
Sex		Female		Color or Race		White	
Occupation		Milliner		Birth-place		Williamsport Md.	
Married, Single or Widowed		Single		Where Residing if not at place of death			
Father's Name		Frederick Shenebeck		Father's Birthplace		Germany	
Mother's Maiden Name		Maria Stoner		Mother's Birthplace		Fredrick Md.	
Name of person giving Information		Sallie Koible		How related to deceased		Sister	

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	one week
Immediate	Exhaustion	How long	Three days
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		W. S. Richardson	
Address		Williamsport Md.	
Accident or Suicide		No.	

July 28 - 1909

J. F. Kuipers

Under Taker

Wm. J. Kuipers d.

Name  
in  
Full

CERTIFICATE OF DEATH

Bertha M Smith

Town

County

MARYLAND

Died at

Smethsburg Washington

Date

of death

1909

Month

1

Day

Age

29

Years

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Smethsburg

Occupation

None

Where Residing if not  
at place of death

Smethsburg

Married, Single

~~or Widowed~~

Name of Wife or  
Husband

None

Father's  
Name

Lewis F Smith

Father's  
Birthplace

Smethsburg

Mother's  
Maiden Name

Bertha M Boomer

Mother's  
Birthplace

Smethsburg

Name of person giving  
Information

Lewis F Smith

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Premature Birth

How long

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Dr M D Hefner

Address

Smethsburg  
Maryland

Accident or Suicida

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

151





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

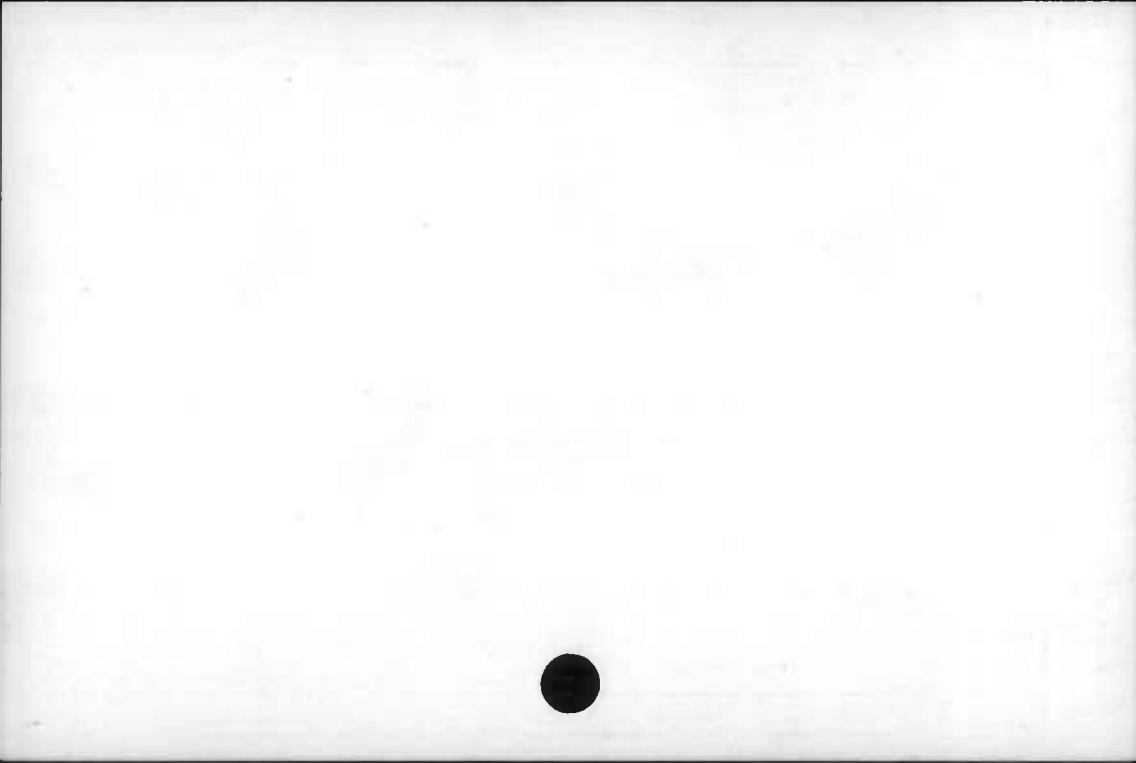
Died at <i>Smithsburg</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	1	Day	21
Age		Years		Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Smithsburg</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>Smithsburg</i>		
<del>Married</del> , Single	Name of Wife or Husband		<i>None</i>		
Father's Name	<i>Edgar Smith</i>			Father's Birthplace	<i>Foxville</i>
Mother's Maiden Name	<i>Edith Kindle</i>			Mother's Birthplace	<i>Foxville</i>
Name of person giving Information	<i>David Kindle</i>			How related to deceased	<i>Grandfather</i>

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	<i>Immature Birth</i>	How long	<i>1 day</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Dr. M. K. Kiefer</i>
		Address	<i>Smithsburg Maryland</i>
Accident or Suicide			

151



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*J. Martin Smith*  
 Died at *Neagustown* Town *Wash.* County  
 Date of death 190 *9* Month *1* Day *16* Age *31* Years Months *10* Days *25*  
 Sex *male* Color or Race *white* Birth-place *MD.*  
 Occupation *Painter* Where Residing if not at place of death  
 Married, Single or Widowed *married* Name of Wife or Husband *Katharine Smith*  
 Father's Name *David O. Smith* Father's Birthplace *MD.*  
 Mother's Maiden Name *Georgiana F. Eakle* Mother's Birthplace *"*  
 Name of person giving Information *D. O. Smith* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Organic disease of heart* How long *Several years*  
 Immediate *Edema of lungs* How long *8 hours*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *O. H. C. Pague*  
 Address *Neagustown MD.*  
 Accident or Suicide *No*

PHYSICIAN  
OR CORONER

2968<sup>S</sup>



Name  
in  
Full

Lewis Clarence Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Hagerstown* *Wash* **MARYLAND**  
 Date of death 190*9* *1* *3* Age *33* Months *6* Days *28*  
 Sex *male* Color or Race *white* Birth-place *Md.*  
 Occupation *Blacksmith* Where Residing if not at place of death *same*  
 Married, Single or Widowed *married* Name of Wife or Husband *Emma J. Smith*  
 Father's Name *Lewis Smith* Father's Birthplace *Md.*  
 Mother's Maiden Name *Martha Shaw* Mother's Birthplace *Md.*  
 Name of person giving Information *Jessie Smith* How related to deceased *Brother.*

CAUSES OF DEATH

①

Primary *asphyxial from* *14 days*  
 Immediate *intestinal hemorrhage* *12 hours*  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. R. E. Hoff*  
 Address *Hagerstown Md*  
 Accident or Suicide *No*

PHYSICIAN  
OR CORONER

Union Bridge

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Augustus Snoden  
Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington

MARYLAND

Date of death 1909 / 1 / 17 Age / Years / Months / Days

Sex Male Color or Race Black Birth-place Hagerstown

Occupation / Where Residing if not at place of death

~~Married~~, Single Name of Wife or Husband

Father's Name John Snoden Father's Birthplace Md

Mother's Maiden Name Gertrude Hill Mother's Birthplace Md

Name of person giving information Gertrude Snoden How related to deceased Mother

CAUSES OF DEATH

Primary Still Born How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. E. Pitsenogle H. O.  
Address Hagerstown Md

Accident or Suicide?

Co. Jensen  
Hofmann



Name  
in  
Full

Catherine Struss

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Kendysville		County Washington		MARYLAND	
Date of death		1909	Month 1	Day 26	Age 77	Years 4	Months 7
Sex Female		Color or Race White		Birth-place Ford Co			
Occupation None				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband Michael Struss			
Father's Name Samuel Hamilton				Father's Birthplace Ford Co			
Mother's Maiden Name Don't Know				Mother's Birthplace Don't Know			
Name of person giving information Malinda Cost-				How related to deceased Sister in law			

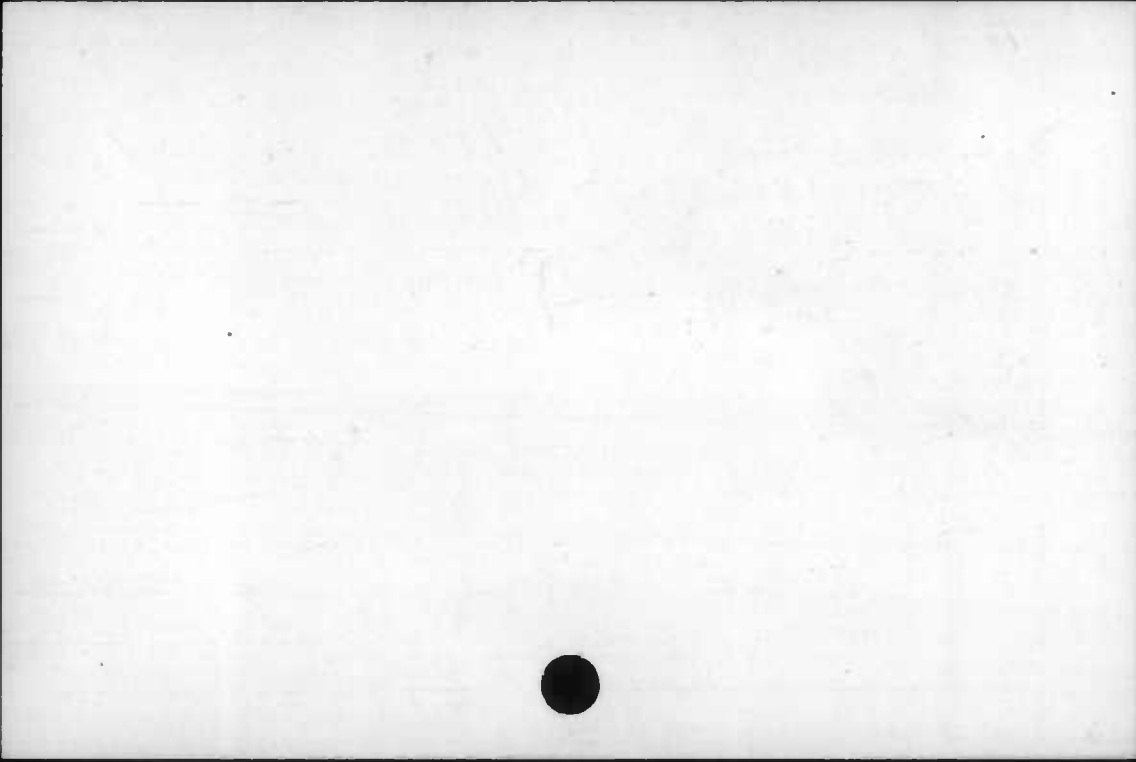
94

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

Primary	Senile Debility	How long	8 years
Immediate	Acute Pulmonary Congestion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. M. Klesner	
Address		Kendysville Md	
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

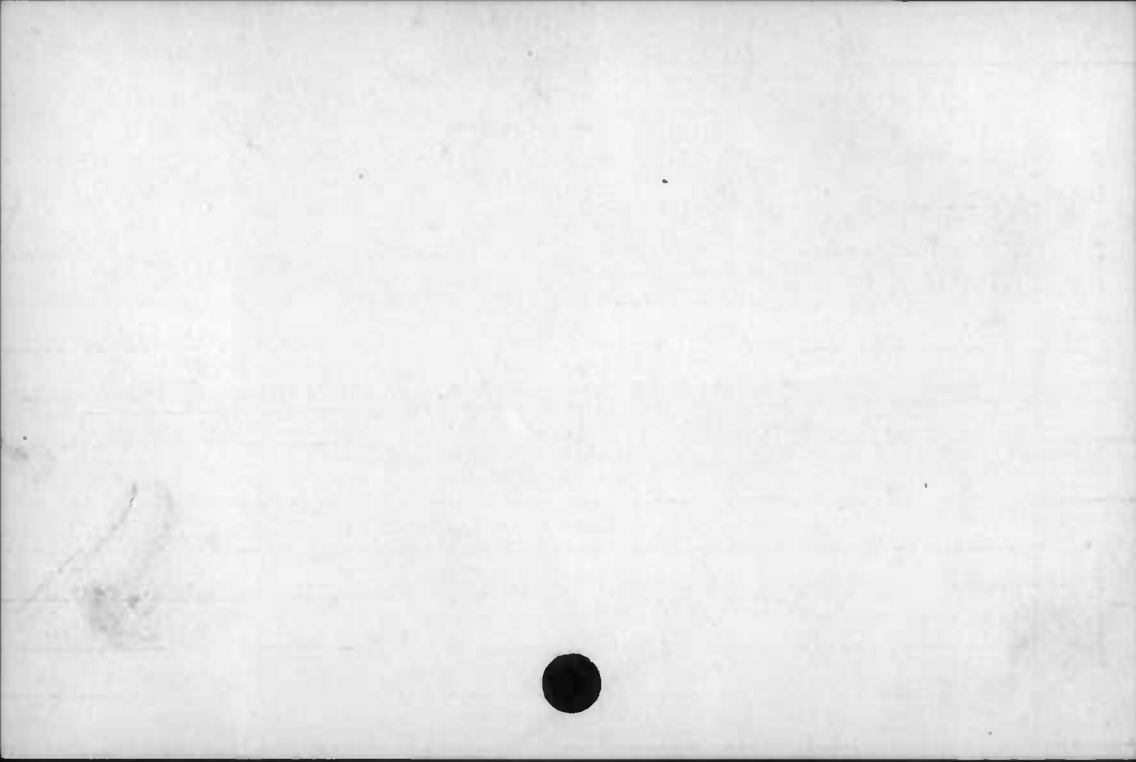
Died at <i>Edgemont</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Jan</i>	Day <i>13th</i>	Age <i>67</i> Years	Months <i>4</i> Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Edgemont</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Edgemont</i>				
Married, Single or Widowed <i>Divorced</i>	Name of Wife or Husband <i>Malinda Fessler</i>				
Father's Name <i>John Stouffer</i>	Father's Birthplace <i>Edgemont</i>				
Mother's Maiden Name <i>Annie Myers</i>	Mother's Birthplace <i>Philadelphia</i>				
Name of person giving information <i>C E Stouffer</i>	How related to deceased <i>Nephew</i>				

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Fatal stroke Apoplexy</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. Massie M.D.</i>
	Address <i>Smithburg Md.</i>
Accident or Suicide?	



Name  
in  
Full

Charles M. Suter

## CERTIFICATE OF DEATH

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>1</i>	Day <i>8</i>	Age <i>68</i>	Months <i>1</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>Ret. Funeral Director</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife <i>Laura K. Suter.</i>				
Father's Name <i>William Suter</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Melinda Wilson</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Charles E. Suter</i>	How related to deceased <i>son</i>				

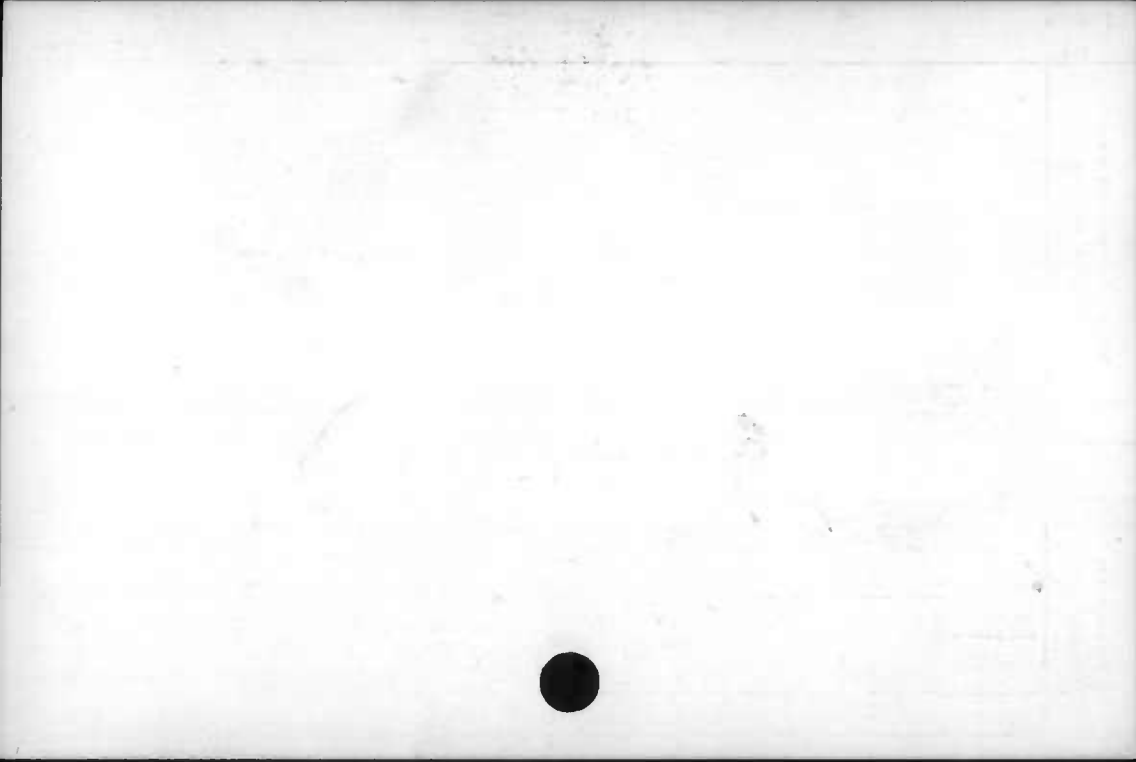
TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

93

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>11</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. S. Musser</i>
	Address <i>Hagerstown Md</i>
Accident or Suicide	

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Michael Sweeney*

Died at *Gilghmanston* Town *Washington* County *MARYLAND*

Date of death *1909* *January* *15* *Age* *80* *Months* *Days*

Sex *male* Color or Race *white* Birth-place *Ireland*

Occupation *Farmer* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Patrick Sweeney* Father's Birthplace *Ireland*

Mother's Maiden Name *Mary Hickey* Mother's Birthplace *Ireland*

Name of person giving Information *Morris Hickey* How related to deceased *Nephew*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Myocarditis* How long *1 yr ?*

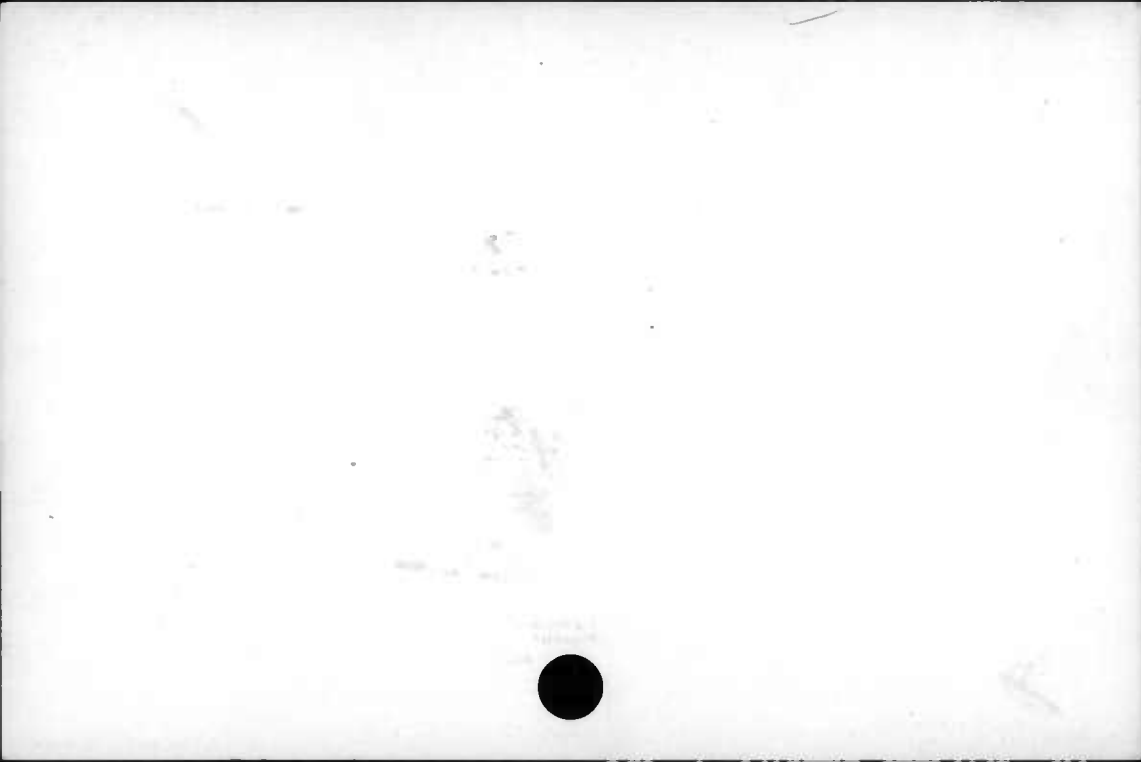
Immediate *Exhaustion* How long *3 mos.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W-M. Reichard*

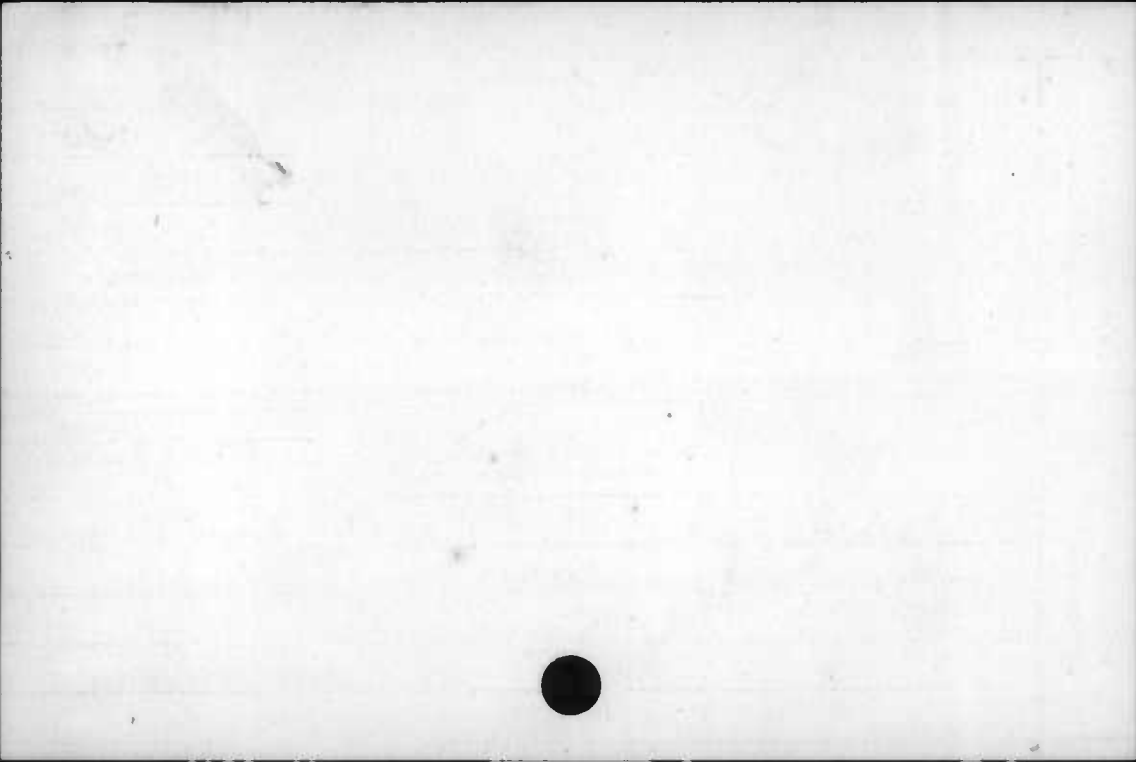
Address *Fair Play.*

*[Signature]* *Accident or Suicide*





Name in Full		Malinda Trumppower				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Fairview		County Wash		MARYLAND	
	Date of death		1909	Month Jan	Day 15	Age 66	Months 9	Days 22
	Sex		Female		Color or Race		White	
	Occupation		Housewife		Birth-place		Pennsylvania	
	Where Residing if not at place of death							
	Married, Single or Widowed		Single		Name of Wife or Husband		Peter Trumppower	
	Father's Name		John Treher		Father's Birthplace		Pa	
PHYSICIAN OR CORONER	Mother's Maiden Name		Anna Peters		Mother's Birthplace		"	
	Name of person giving information		Miss Trumppower		How related to deceased		Daughter	
	CAUSES OF DEATH						92	
	Primary		Broncho-Pneumonia				How long	
Immediate		Heart failure				How long		24 hours
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Abraham Shank		
				Address		Clearspring		
						Washington County		
Accident or Suicide?								



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Charlton</i> <sup>Town</sup>		<i>Wash</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909 Jan</i> <sup>Month</sup>	<i>3</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Jerry Lumsdower</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Jennie E. Insell</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Jerry Lumsdower</i>			How related to deceased <i>Father</i>		

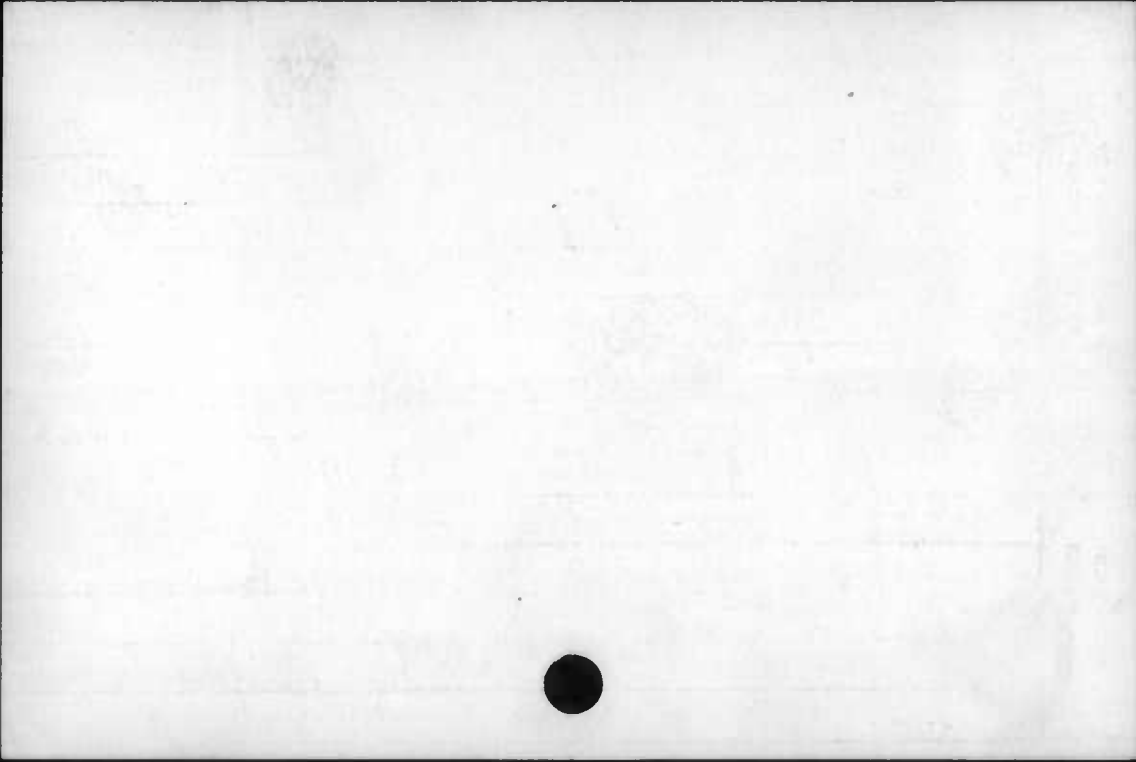
♀

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Starvation</i>	How long <i>One month</i>
Immediate <i>Heart failure</i>	How long <i>Twenty four hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
	Address <i>Clearspring</i>
	<i>Washington County</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Mrs. Martha J. Uhler.

Town

County

MARYLAND

Died at

Bagerstown

Wash.

Date

of death 1909

Month

1

Day

18

Age

Years

55

Months

9

Days

21

Sex

Female

Color or  
Race

white

Birth-  
place

Perma.

Occupation

N. W.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of wife or  
Husband

Wm. B. Uhler.

Father's  
Name

Alex. Gordon

Father's  
Birthplace

Perma.

Mother's  
Maiden Name

Not known

Mother's  
Birthplace

Not known

Name of person giving  
Information

Wm. B. Uhler

How related  
to deceased

husband

## CAUSES OF DEATH

Primary

Cardiac asthma

How long

Years

Immediate

Death

How long

Years

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Geo. D. Doyle, M.D.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Cearfoss,

Name  
in  
Full

*Geo Valentin*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>1</i>	Day <i>14</i>	Age <i>95</i>	Years <i>9</i> Months <i>10</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Marrisd, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Susan Harbaugh</i>				
Father's Name <i>John Valentin</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information		How related to deceased			

PHYSICIAN  
OR CORONER

CAUSES OF DEATH		<b>104</b>
Primary <i>Chronic Indigestion</i>	How long <i>6 mos.</i>	
Immediate <i>Heart Failure</i>	How long <i>Unknown</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. R. Scheller</i>	
	Address <i>Hagerstown</i>	
Accident or Suicide <i>No</i>		

2566

Fahnen Church



Name  
in  
Full

## CERTIFICATE OF DEATH

Elizabeth Ellen Vernon

MARYLAND

Died at Clear Spring

County

Wash

Date

of death 1909

Month

Jan

Day

3

Age

Years

3-9

Months

11

Days

27

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Patrick Vernon

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Eliza Wells

Mother's  
Birthplace

Md

Name of person giving  
Information

Mrs Sellers

How related  
to deceased

Daughter

## CAUSES OF DEATH

79

Primary

Heart Disease

How long

One year

Immediate

Exhaustion

How long

One week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

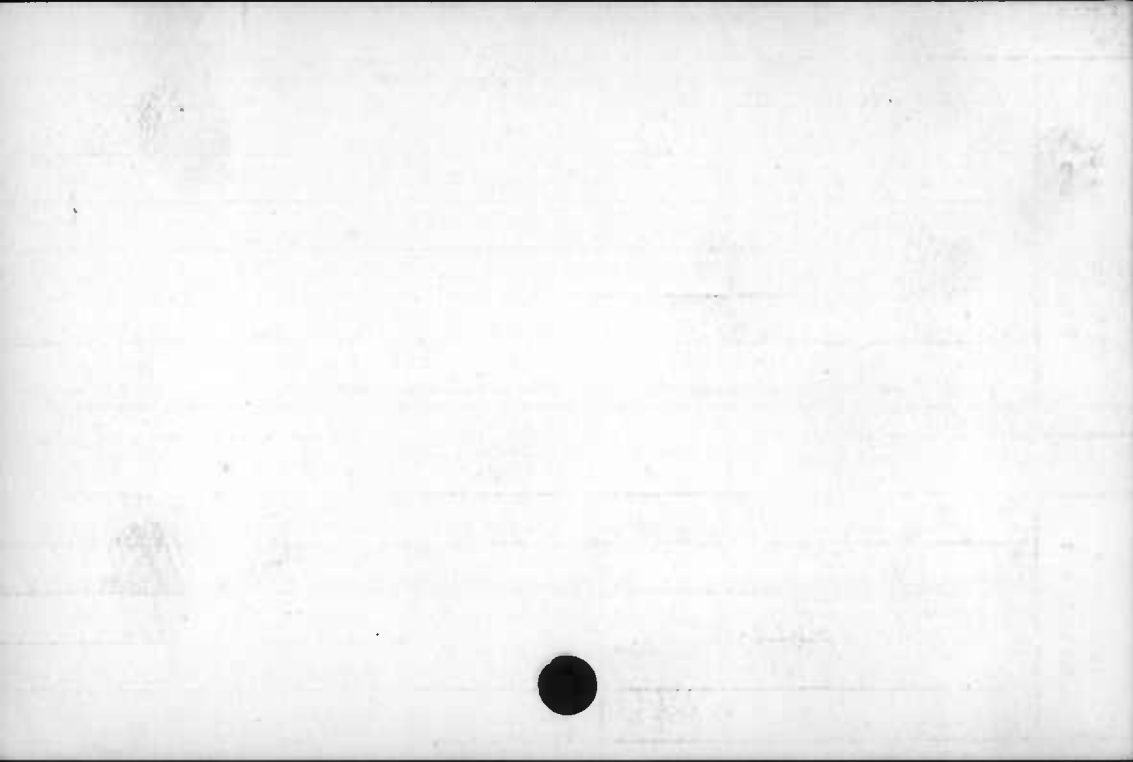
Abraham Shank

Address

Clearspring  
Washington County

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Charles R. Weares

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Washington MARYLAND

Date of death 1904 <sup>Month</sup> 1 <sup>Day</sup> 3 <sup>Age</sup> 33 <sup>Years</sup> 7 <sup>Months</sup> 20 <sup>Days</sup>

Sex Male Color or Race white Birth-place Md

Occupation Machinist Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Ruby Weares Father's Birthplace Md

Mother's Maiden Name Helen Shelleto Mother's Birthplace Ma

Name of person giving information Ruby Weares How related to deceased Father

## CAUSES OF DEATH

108

PHYSICIAN  
OR CORONER

Primary Bowel Obstruction How long 2 days

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician F. N. Hoffmeier

Address 17 W. Washington  
Hagerstown Md

Accident or Suicide?

AA Cotton  
Karl Hall

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Charles R. Harden* Town *Hagerstown* County *Washington* MARYLAND  
Died at  
Date of death 190 *9* Month *1* Day *18* Age *1* Years Months Days  
Sex *Male* Color or Race *White* Birth-place *Md*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *Thomas B. Warden* Father's Birthplace *Md*  
Mother's Maiden Name *Flarence Buffard* Mother's Birthplace *Md*  
Name of person giving Information *Thomas B. Warden* How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Cholera Infantum* How long *One month*  
Immediate *Marasmus & Gastritis* How long *Five months*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *S H Mustat MD*  
Address *Hagerstown, Md*  
Accident or Suicidal *no*

PHYSICIAN  
OR CORONER

Hathorn

Mass Hill